

**DIRECTIONS TO MERCHANT:**

- (1) FILL THIS FORM OUT COMPLETELY AS SOON AS A CHECK IS RETURNED FROM THE BANK.
- (2) MAIL THIS FORM TO THE BAD CHECK WRITER BY FIRST CLASS MAIL AS SOON AS IT IS FILLED OUT.
- (3) IF YOU DO NOT RECEIVE PAYMENT OR A RESPONSE FROM THE CHECK WRITER, FILL OUT A COMPLAINT SHEET PROVIDED BY THE ECONOMIC CRIMES UNIT AND MAIL IT TO THE EATON COUNTY PROSECUTING ATTORNEY'S OFFICE, ECONOMIC CRIMES UNIT, 5330 W. SAGINAW HWY., LANSING, MI 48917.
- (4) KEEP YOUR ORIGINAL COPY OF THE CHECK.

ADDITIONAL COPIES OF THIS FORM CAN BE OBTAINED FROM THE ECONOMIC CRIMES UNIT, (517) 703-0572.

**NOTICE LETTER**

To: \_\_\_\_\_ DATE NOTICE LETTER SENT: \_\_\_\_\_  
(Name of Check Issuer/Passer)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

**The check described below has been DISHONORED:**

Instrument/Check Number: \_\_\_\_\_ Instrument/Check Date: \_\_\_\_\_

Originating Institution, Bank or Other Drawee: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable To: \_\_\_\_\_

Reason For Dishonor  
(marked on Instrument): \_\_\_\_\_

**Pursuant to Michigan Compiled Laws 750.132:** Unless this amount is paid in full within **FIVE DAYS** from receipt of this notice the holder may assume you delivered the instrument **with the intent to defraud** and may turn over the dishonored instrument and all other available information relating to this incident to the police and prosecutor for prosecution.

CHECK AMOUNT: \_\_\_\_\_ VICTIM NAME (PRINTED): \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TOTAL OWED: \_\_\_\_\_ VICTIM SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_