

Merchant Registration

Businesses and individuals must register to help assure quick and accurate transmittal of recovered funds.

Business or Individual's Name

Division, Store Location or Number

Address

City State Zip Code

Primary Contact Person

Phone FAX

E-mail Address

X

Signature verifying you have read and understand the Merchant Agreement

Number of notification signs you need for cash registers or counters: _____

Multiple Location Information If you have multiple locations, please make copies of this form. Complete and enclose one for each location that you wish to register.

Central Location – If some correspondence should go to a central office location, complete the following:

Central Location Name

Address

City State Zip Code

Primary Contact

Phone FAX

Send the following to the location above:

- Victim Confirmation**, acknowledging receipt of dishonored checks.
- Restitution** - The funds that are recovered on your behalf.
- Finalization Notices** - Notices of checks that are inactive, resolved or otherwise finalized.

REGISTER TODAY

online at

www.hotchecks.net/montcalm

or FAX to

1-800-704-5415

or MAIL to

Prosecuting Attorney's Office
Check Enforcement Program
621 N. State Street
Stanton, MI 48888

Check Enforcement Program | Merchant Agreement

- 1) If you receive a check that is dishonored by the bank, you must first contact the check writer by **certified mail** to demand payment of the check as well as the posted service fee for handling returned checks.
- 2) Check writers must be allowed **ten (10) days** from the date they receive notice to comply with your request on an Insufficient or Non-sufficient funds check. If the check writer fails to comply you may then send the check - and supporting information - to the Check Enforcement Program.
- 3) To refer a check to the Program you must complete a Check Complaint Form and attach the original check or a bank-generated substitute check and a copy of the notification letter to the form (plus the Certified Mail receipt). Forward it within **180 days** of the date of the check to the Check Enforcement Program.
- 4) Once a check has been turned over to the Program, you cannot accept payment for that check directly from the check writer. Restitution and the associated fees must be made to the Program. Any check writer who wishes to pay a check should be directed to call the Program at **1-888-678-7752**.
- 5) Restitution for dishonored checks that are received will be mailed to the victim within seven days of the date restitution is received by the Program.
- 6) If the check writer does not comply with the requirements of the Program, he or she faces potential prosecution.
- 7) Once a check has been turned over to the Check Enforcement Program, you may not commence civil legal proceedings in Court without the expressed written consent of the Check Enforcement Program.
- 8) If the Program is unable to secure restitution and the check does not meet the criteria for prosecution it will be held, inactive, at the Program office unless the victim requests that it be returned. If additional checks from the check writer or subsequent new information are received the check case may be reactivated. You may request that such check(s) be returned to you for further action by a private attorney or in small claims court.
- 9) This agreement may be amended from time-to-time by the Prosecuting Attorney's Office and such amendments will be effective upon mailing of a notice to the merchant.
- 10) By signing and returning the attached Registration form, you acknowledge the requirements of the Program and agree to abide by them. Failure to abide by this agreement may cause a merchant's or individual's participation in the Program to be discontinued.
- 11) This information is used only by the Prosecuting Attorney Office or its agents to manage dishonored checks.