

Register today

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 _____

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.

You can also register online at: www.hotchecks.net/Washtenaw

Return to:

Washtenaw County Bad Check Restitution Program • P.O. Box 4550 • Ann Arbor, MI 48106-4550

Merchant Agreement

- 1) If you receive a check that is dishonored by the bank, you must first contact the check writer by regular mail, supported by an affidavit of service or by certified mail, to demand payment of the check as well the posted service fee for handling returned checks.
- 2) Check writers must be allowed five (5) days from the date they receive notice to comply with your request on Insufficient or Non-sufficient funds check. If the check writer fails to comply you may then send the check - and supporting information - to the Bad Check Restitution 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 affidavit of service or Certified Mail receipt). Forward it within 90 days of the date of the check to the Bad Check Restitution Program.
- 4) Once a check has been turned over to the program, you should not accept payment for that check directly from the check writer. Restitution and the associated fees must be made to the program in order for the program to be most effective. Any check writer who wishes to pay a check should be directed to the call the program at 1-800-745-3744.
- 5) Dishonored checks may not first be submitted to a collection agency or other similar entities for collection before being submitted to the program. However, if the program is unsuccessful, you may wish to pursue the matter through a collection agency, small claims court or other civil action.
- 6) 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.
- 7) If the check writer does not comply with the requirements of the program, he or she faces potential prosecution. If this should be the case, you will be contacted about what action you may be required to take as part of that prosecution. However, not all checks qualify for prosecution.
- 8) Once a check has been turned over to the Bad Check Restitution Program, it is important that you not commence civil legal proceedings in Court without the expressed written consent of the Bad Check Restitution Program.
- 9) 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.
- 10) 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.
- 11) By signing and returning the attached Registration form, you acknowledge the requirements of the program and agree to abide by them.
- 12) This information is used only by the Washtenaw Office or its agents to manage dishonored checks.