

# 5 DAY BAD CHECK/NSF NOTICE

**NOTICE TO SENDER:** This notice must be sent by certified mail, return receipt requested.

**DELIVERABLE TO ADDRESSEE ONLY** to the person who made the check.

**COPY OF THIS NOTICE SHOULD BE KEPT BY SENDER**

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This form is furnished by the Cheboygan County Prosecutor

TO:

THIS IS TO INFORM YOU THAT I AM IN RECEIPT OF A CHECK ALLEGED TO HAVE BEEN WRITTEN BY YOU.

DATE	MADE PAYABLE TO	NAME OF BANK DRAWN ON	AMOUNT

This check was presented to me in the usual course of business, and was returned to me from the above said bank marked:

- Insufficient Funds       Account Closed       No Account  
 Other (Specify)

In accordance with the Michigan Statute you are hereby given five (5) days notice that said check has not been paid, and if you do not pay the amount due within five (5) days of receipt of this notice, this shall serve as evidence of intent to defraud, and a request to the Cheboygan County Prosecutor's office for Cheboygan County, State of Michigan to take criminal action you.

Date:

Signed: \_\_\_\_\_ Printed Name:

Name of Business:

Address:

**(Please send one copy of this notice to the Payor and keep one copy of your records.)**