

BANK REPLY

Request For Information Regarding Dishonored Check (Business Use Only)

Requesting Business Information:

Name: _____

Address: _____

Financial Institution: _____

Dear Sir / Madam:

RE: Account Number: _____

Check Number: _____ Dated: _____

Name of Check Holder: _____

(Last)

(First)

(Middle)

The above information describes a dishonored check, which was received by our business. We have mailed a certified notice of dishonor to the check writer. Thirty (30) days have elapsed and the writer has made no attempt to honor the check. Copies of the dishonored check, notice of dishonor, and certified mail receipts are enclosed.

Pursuant to Minnesota Statute 609.535, Subd. 7, please provide the following information to me at the above address within ten (10) days.

- 1) Did the drawer have sufficient funds or credit with your financial institution at the time the check was issued or presented for payment? YES ___ NO ___
- 2) At the time of issuance was the account: OPEN ___ CLOSED ___ RESTRICTED ___
Reason: _____
Date of Last Deposit: _____
- 3) Was the account holder notified the account was closed? YES ___ NO ___
- 4) If notified, how?
Mail _____
Certified Mail ___ (Attach Receipt)
By Telephone _____
In Person _____
- 5) If notified, by whom?
Name: _____ Title: _____
Address: _____
Business Phone: _____
- 6) Last known address of account holder:
Address: _____
Home Phone: _____ Business Phone: _____
- 7) Completed By: _____
Signature: _____ Title: _____

Thank you for your cooperation

Sincerely,

Name: _____

Title: _____