

(SCHOOL DISTRICT)

**Board of Education Office**

(Name), Superintendent  
(Street Address), (City), (State) (Zip Code)  
PH: (Area Code) (Phone Number);  
FAX: (Area Code) (FAX Number)

(Name), President  
(Name), Vice President  
(Name), Secretary  
(Name), Treasurer  
(Name), Trustee  
(Name), Trustee  
(Name), Trustee

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**NSF CHECK HANDLING PROCEDURES**

This document is intended as a guide to assist staff members who collect checks from students, parents and families wishing to participate in various activities or purchase merchandise from the District.

**GENERAL PROCEDURES**

1. Upon receipt of a notice from the bank indicating the check has been returned, send the following letter, via regular mail, to the payer immediately upon receipt of the NSF documentation from the Central Office (an example is found below):

**SAMPLE FIRST LETTER TO BAD CHECK WRITER**

Date: \_\_\_\_\_

*(INSERT NAME AND ADDRESS HERE)*

Dear: \_\_\_\_\_

This letter is to inform you that we have had \_\_\_\_\_ check(s) returned recently for insufficient funds. A copy of the check(s) is enclosed for your reference.

Please send cash or money order within 5 days in the amount of \$\_\_\_\_\_ to correct this to:

(School District)  
*(INSERT YOUR NAME AND ADDRESS HERE)*

The above includes a service charge of \$20.00 per check.

If you have any questions, feel free to contact me between *(INSERT WORKING HOURS HERE)*. If these hours are not convenient for you to contact me, you may leave me a message anytime at (Phone Number).

This matter must be cleared up within five (5) days. (School District) participates in the (County) County Prosecuting Attorney's Office Bad Check Restitution Program. For information regarding this program, follow this link:  
[\(list link here\)](#)

Thank you!

Sincerely,

*(NAME)*  
*(TITLE)*

2. If you have not received payment on the NSF check after the 5-day period, send the following CERTIFIED letter (you will need the receipt if there is no response from the bad check writer and we have to turn the case over to the (County) County Bad Check Restitution program).

## SAMPLE SECOND (CERTIFIED) LETTER TO BAD CHECK WRITER

Date: \_\_\_\_\_

*(INSERT NAME AND ADDRESS HERE)*

Dear: \_\_\_\_\_

**\*\*SECOND NOTICE\*\***

This letter is to inform you that we have had \_\_\_\_\_ check(s) returned recently for insufficient funds. A copy of the check(s) is enclosed for your reference.

Please send cash or money order within 5 days in the amount of \$\_\_\_\_\_ to correct this to:

(School District)

*(INSERT YOUR NAME AND ADDRESS HERE)*

The above includes a service charge of \$20.00 per check.

If you have any questions, feel free to contact me between *(INSERT WORKING HOURS HERE)*. If these hours are not convenient for you to contact me, you may leave me a message anytime at (Phone Number).

This matter must be cleared up within five (5) days. This is the final correspondence you will receive from us regarding this matter. (School District) participates in the (County) County Prosecuting Attorney's Office Bad Check Restitution Program. For information regarding this program, follow this link: [\(list link here\)](#)

Thank you!

Sincerely,

*(NAME)*

*(TITLE)*

3. If the payer has not rectified the situation in the 5 day period specified in the letter, complete the Bad check Restitution Program "Complaint Form" (you may keep duplicate copies of it in your files – if you run out of blank copies, go to the (County) County Prosecutor's office website to obtain more): [\(list website here\)](#) Click on "Bad Check Restitution Program". Click on "Forms" on the left side of the page. Click on the picture of the "Complaint Form" and print it.

4. Forward the both the complaint form AND your certified mail receipt to the Finance Director, who will then attach the original NSF check documentation from the bank and forward it to (County) County. Note: If you have multiple NSF checks from the SAME payer, you may use ONE complaint form.

At this point, the County will work to obtain restitution.

For more detailed information on the Bad Check Restitution Program, please follow this link: [\(list link here\)](#)

5. If any bad check writer passes more than 2 bad checks with the District in a given school year, we reserve the right to place that person on a "cash or credit card only" basis. With the second occurrence, the standard letter is sent out with a sentence at the bottom stating:

"(School Districts') cash handling procedures dictate that after the second NSF occurrence by a payer in a given school year, the payer is to be placed on a "cash or credit card only" basis. At this time, if you should need to make payments to the school, it must be either with cash, money order or credit card."

## PROCEDURES FOR RECTIFYING AN NSF IN A FUNDRAISER SITUATION IN AN ACTIVITY ACCOUNT

If the check was written for something that does not involve a fundraiser or activity that a student is involved in, follow the above procedures when notice of an NSF check is received.

If the check was written by the parent of a student who is participating in a fundraiser for a trip or activity, the following letter must be used, because there may be a waiting list of students who wish to participate in the trip or activity for which the funds are being raised.

### SAMPLE SECOND (CERTIFIED) LETTER TO BAD CHECK WRITER FOR A FUNDRAISER

Date: \_\_\_\_\_

*(INSERT NAME AND ADDRESS HERE)*

Dear: \_\_\_\_\_

**\*\*SECOND NOTICE\*\***

This letter is to inform you that we have had \_\_\_\_\_ check(s) returned recently for insufficient funds for your child's *(INSERT FUNDRAISER NAME OR TRIP HERE)*. A copy of the check(s) is enclosed for your reference.

Please send cash or money order within 5 days in the amount of \$\_\_\_\_\_ to correct this to:

(School District)

*(INSERT YOUR NAME AND ADDRESS HERE)*

The above includes a service charge of \$20.00 per check.

If you have any questions, feel free to contact me between *(INSERT WORKING HOURS HERE)*. If these hours are not convenient for you to contact me, you may leave me a message anytime at (Phone Number).

This matter must be cleared up within five (5) days. This is the final correspondence you will receive from us regarding this matter. (School District) participates in the (County) County Prosecuting Attorney's Office Bad Check Restitution Program. For information regarding this program, follow this link: [\(list link here\)](#)

In addition, if there is a waiting list for the activity or trip and you have not made payment in full to the District within 5 days of receipt of this letter, your student may be removed from the participant list to allow another student to participate.

Thank you!

Sincerely,

*(NAME)*

*(TITLE)*

Copy: *(INSERT ADVISOR NAME HERE)*

If the bad check writer does not make restitution and is referred to the Bad Check Restitution Program, the advisor should make the necessary adjustments to the trip or activity participant list.

If payment is eventually made in full through the County Restitution Program, upon receipt of the payment, the Central Office notifies the advisor so that if there is still room for the student to participate in the activity or trip, then the advisor may adjust the participant list to include the student once again.