

Stop Payment/Dishonored Check Statement

I/we, _____, have check writing privileges at Central Christian Academy. If a check is returned for non-sufficient funds or payment has been stopped, Central Christian Academy will turn over the dishonored check and all available information to the State Attorney's Office for criminal prosecution.

If a check is returned dishonored by my bank; I have seven (7) days to tender payment of the full amount of the check plus a returned check fee of \$35.00. Also, if a check has been dishonored by my bank and is satisfied within the seven (7) days, my future payments to Central Christian Academy will be cash and money order only. I may be additionally liable in a civil action for triple the amount of the check, a service charge, court cost, reasonable attorney fees, and incurred bank fees, as provided in Sec. 68.065.

Check writer's signature: _____ Date: _____

Director of Finance/Admissions: _____ Date: _____

This form must be completed for application to be accepted, regardless of intentions.

****Copy of Drivers License Attached****