ADDITIONAL CHECKS

DATE OF CHECK	CHECK NUMBER	AMOUNT	CHECK ISSUED FOR: (circle all that apply)	STORE NAME AND ADDRESS WHERE CHECK PRESENTED	ACCEPTED BY: NAME, SEX/RACE, BIRTH DATE, ADDRESS, PHONE	CAN WITNESS/VICTIM I.D. SUSPECT? (circle one)	BANK REJECTION REASON (circle one)
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED NSF OTHER
			Cash / Merch. / Service			YES NO	ACCT. CLOSED / NSF / OTHER

$ _____ Subtotal of checks on this page

$ _____ Amount of ***complaint check*** (at top of page 2 of IOWC report)

$ _____ TOTAL RESTITUTION (Do ***not*** include additional fees/charges)

$ _____ Additional fees / service charges

DISPOSITION _____

_____

01/12