**Stop Payment/Dishonored Check Statement**

I/we,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have check writing privileges at West Oaks Academy. If a check is returned for non-sufficient funds or payment has been stopped, West Oaks 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 West Oaks 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\*\***