DOUGLAS COUNTY SCHOOL SYSTEM
RETURNED CHECK/CHARGEBACK (FIN-635)

School ___________________________ Date ________________

Payee Name ___________________________

Payee Email ___________________________ Payee Phone # ___________________________

Check # __________ dated __________ for $ __________ was returned by the bank on __________

due to: ___________________________________________________________________________

insufficient funds, closed account, closed account, etc.

The following actions have been taken: __________________________________________________________________________

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________________________________________________________________________

Complete When Sending To Finance Office For Collection Assistance Or Write-Off Approval
(Attach copies of any collection letters that have been sent and any other documentation that may help the Finance Office with Collection.)

Reason for collection and/or account originally posted to:

________________________________________________________________________

Has product/service been received: YES ______ NO ______

__________________ Assistance is requested for collection.

__________________ Permission is requested to write-off due to:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

__________________ Request By Principal Signature/Date

__________________ Approval For Write-Off Signature/Date

Rev. 7/22