

Merchant Registration

Businesses and individuals must register to help assure quick and accurate transmittal of recovered funds.

Business or Individual's Name

Division, Store Location or Number

Address

City State Zip Code

Primary Contact Person

Phone FAX

E-mail Address

X

Signature verifying you have read and understand the Merchant Agreement

Number of notification signs you need for cash registers or counters: _____

Multiple Location Information If you have multiple locations, please make copies of this form. Complete and enclose one for each location that you wish to register.

Central Location – If some correspondence should go to a central office location, complete the following:

Central Location Name

Address

City State Zip Code

Primary Contact

Phone FAX

Send the following to the location above:

- Victim Confirmation**, acknowledging receipt of dishonored checks.
- Restitution** - The funds that are recovered on your behalf.
- Finalization Notices** - Notices of checks that are inactive, resolved or otherwise finalized.

REGISTER TODAY

online at
www.hotchecks.net/loudoun

or FAX to

1-800-704-5415

or MAIL to

Commonwealth's Attorney's Office
Check Enforcement Program
20 East Market Street
Leesburg, VA 20176-2085

Merchant Agreement | Check Enforcement Program

- 1) If a check is dishonored by the bank because of Insufficient or Non-sufficient Funds, you must first contact the check writer by **certified or registered mail**, to demand payment of the check (as well the posted service fee for handling returned checks). If the check was returned by the bank marked "No Account" or "Closed Account" you may immediately turn the check over to the Check Enforcement Program.
- 2) Check writers must be allowed **five (5) days** from the date they receive notice to comply with your request on Insufficient or Non-sufficient funds check. If the check writer fails to comply you may then refer the case to the Check Enforcement Program.
- 3) To refer a check to the Program you must complete a Check Complaint Form, attach the original check(s) or bank-generated substitute(s) to the form and forward it within **120 days** of the date of the check to the Check Enforcement Program.
- 4) Once a check has been turned over to the Program, you cannot accept payment for that check directly from the check writer. Restitution and the associated fees must be made to the Program. Any check writer who wishes to pay a check should be directed to call the Program at **1-888-347-4285**.
- 5) Bad checks may not first be submitted to a collection agency or other similar entities for collection before being submitted to the Program. However, if the Program is unsuccessful, you may wish to pursue the matter through a collection agency, small claims court or other civil action.
- 6) Restitution for bad checks received by the Program will be mailed to you within seven days of the date it was received.
- 7) If the check writer does not comply with the requirements of the Program, he or she faces potential prosecution. If this should be the case, you will be contacted about what action you may be required to take as part of that prosecution. However, not all checks qualify for prosecution.
- 8) Once a check has been turned over to the Check Enforcement Program, you may not commence civil legal proceedings in Court without the expressed written consent of the Check Enforcement Program.
- 9) If the Program is unable to secure restitution and the check does not meet the criteria for prosecution it will be held, inactive, at the Program office unless you request that it be returned. If additional checks from the check writer or subsequent new information is received the check case may be reactivated. You may request the such checks be returned to you for further action by a private attorney or in small claims court.
- 10) This agreement may be amended from time-to-time by the Commonwealth's Attorney's Office and such amendments will be effective upon mailing of a notice to the merchant.
- 11) By signing and returning the attached Registration form, you acknowledge the requirements of the Program and agree to abide by them. Failure to abide by this agreement may cause a merchants or individual's participation in the Program to be discontinued.
- 12) This information is used only by the Commonwealth's Attorney's Office or its agents to manage bad checks.