

Merchant's Agreement Check Offender Program

1. Any merchant or individual who receives an "account closed" or "non-sufficient funds" (NSF) check may use the **Check Offender Program (C.O.P.)**. There is no cost to you to use the program. The program is completely paid for by the check offenders.

You are the first line of defense in this problem; therefore, your roles are as follows:

Require that your clerks take precautions when accepting checks.

- A. Obtain two forms of an I.D., Photo I.D.'s are best – Driver's License, business check cashing card, etc., and be sure that the clerk writes these I.D. numbers on the check. (A firearm owner's I.D. card by itself is not sufficient). The check writers Date of Birth must also be noted on the check that they are presenting to you. This information will be included on the check writer's driver's license.
 - B. Check cashing cards are appropriate, but only if the presenter of the card is in fact the person named on the card.
 - C. It is very important to compare the I.D. picture and the person who is presenting the check.
 - D. Verify the correct address and telephone number and make any corrections on the check.
 - E. Be sure that the clerk puts his or her initials on the check to show who made identification.
 - F. Do not accept non-personalized checks or counter checks.
 - G. Do not accept a post-dated check and never agree to hold a check.
 - H. Never cash a two-party check or a check made out to someone else other than you or your business.
 - I. Take extra precaution on accepting checks written on new accounts, generally checks numbered less than 500.
 - J. Be sure all writing on the check is legible.
 - K. To reduce losses, you may choose to implement a policy of accepting checks for only the amount of merchandise purchased.
2. If the check bounces, you should call the check writer. If you do not receive payment, you must send the check writer a **DEMAND LETTER** for payment plus any service

charge your store charges. This letter would need to be sent out certified mail through the U. S. Postal Service. You may recover the cost of the certification fee as well. Many bad checks are a result of careless bookkeeping, and a letter from you could solve the problem. After the Demand Letter has been sent and received you must give check writer 10 days to respond with payment.

3. If you do not receive payment after the Demand Letter deadline, you may choose to utilize the **CHECK OFFENDER PROGRAM**, 215 Columbia Street, Burlington, Iowa 52601.
4. Direct all inquiries about the check(s) that you have submitted to the C.O.P. Office by calling (319)753-8209. Because of the confidential nature of the subject matter, only the undersigned or authorized representative will be provided the information.
5. Once a check has been turned over to the C.O.P. Office, **you cannot accept payment or restitution** on the bad check directly from the offender. Restitution and appropriate fees can only be paid to C.O.P. The offender who wishes to pay on a check that has been sent to C.O.P. should be directed to call (319)753-8209.
6. The person signing this agreement has been provided a copy of the Check Policy of the **CHECK OFFENDER PROGRAM**.
7. Any failure to abide by this agreement will result in the discontinuance of a merchant's or individual's participation in the **CHECK OFFENDER PROGRAM**.
8. Restitution received from the check writer will be forwarded by the C.O.P. Office to the merchant upon full payment.
9. Once a check has been turned over to the C.O.P. Office, you may not commence civil legal proceeding in circuit court against the offender without the express written consent of the **CHECK OFFENDERS PROGRAM**.
10. This agreement may be amended from time to time by C.O.P. and such amendments shall be effective upon mailing of a notice to the undersigned party.
11. The undersigned acknowledges this is a voluntary program sponsored by the Des Moines County Attorney's Office. No liability is assumed by the above parties in connection with this program nor are said parties guaranteeing the payment or collection of any amounts from the Offender. The undersigned's only remedy shall be to request the return of the check from the program.

The undersigned individual/business agrees to abide by the guidelines of the Des Moines County Check Offender Program (C.O.P) and the Check Policy of the Des Moines County Attorney's Office.

Name of Business or Individual:	
Business Phone:	
Business Address:	
Type of Business:	
Signed:	Date:
Print Name:	
Title:	