MULTI-CHECK ADDENDUM TO CHECK FRAUD COMPLAINT FORM

_____
NAME OF PERSON WRITING CHECK

CHECK NUMBER	DATE WRITTEN	AMOUNT OF CHECK	HOW CHECK WAS DISHONORED NSF	A/C	OTHER	CERTIFIED LETTER SIGNED FOR YES	NO	NAME & DOB OF CHECK RECEIVER
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/
			☐	☐	☐	☐	☐	/

TOTAL FROM THIS PAGE : $_____

TOTAL FROM PAGE 1 $_____

<u>GRAND TOTAL</u> $_____