



Petition for Exception to Returned Check Charge

Original bank documentation MUST be included with this form to support your claim. This must be on your financial institution's official letterhead and signed by the branch manager. Completed forms with supporting documentation must be submitted within 15 days of check return.

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____ UVID: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____
CHECK AMOUNT: _____ CHECK NUMBER: _____ WRITTEN FOR: _____

EXPLANATION

FULLY EXPLAIN YOUR REASON AND JUSTIFICATION FOR THIS PETITION:

AGREEMENT

In accordance with 7-15-1, Utah Code Annotated, an issuer of a check (payment instrument) is liable to the holder of the check if the check is not honored at the time it is presented; and is marked "refer to maker"; the account upon which the check is made or drawn: does not exist; has been closed; or does not have sufficient funds or sufficient credit for payment in full of the check; or the check is issued in partial or complete fulfillment of a valid and legally binding obligation; and the issuer stops payment on the check with the intent to: fraudulently defeat a possessory lien; or otherwise defraud the holder of the check. The issuer of the check is liable for the check amount and a returned check charge of \$20.
Exceptions to the return check charge are only considered if the check was returned in error by your financial institution. This must be documented by your financial institution on official letterhead and signed by the branch manager. The original letter must be included with this petition form.

I certify that I have read and fully understand the above and request an exception to the return check policy. If this return check was an electronic check payment, I am aware that I agreed to the online terms. I affirm, to the best of my knowledge, that the statements I provided are true. Submission of the petition form does not guarantee approval.

Signature: _____ Date: _____

RETURN COMPLETED FORM TO: CONTACT INFORMATION:
Mailing Address: In Person: P: 801.863.8611
Utah Valley University Room BA-011 E: collect@uvu.edu
Collections Office - MS 109
800 W. University Parkway
Orem, UT 84058-6703

FOR OFFICE USE ONLY: APPROVED [] DENIED [] OFFICE STAFF: _____