TUSCALOOSA COUNTY DISTRICT ATTORNEY'S OFFICE
WORTHLESS CHECK UNIT
TUSCALOOSA, AL

WORTHLESS CHECK INTAKE FORM

MERCHANT: _____

DATE: _____/_____/_____ **PAGE_____OF_____**

This is to certify that on this date, the following worthless checks have been accepted by the Worthless Check Unit of the Tuscaloosa County District Attorney's Office:

NAME OF CHECK WRITER	CHECK NUMBER	CHECK AMOUNT

BY:_____ **Received by:**_____

Merchant Rep. Signature **Worthless Check Unit**

_____ **Date:**_____

Print Name

Top Copy: Worthless Check Unit **Bottom Copy: Merchant**

DA32697