

# Bounced Check Form

Fax to: 925-889-3663

Please attach a copy of your bounced check in the space below:

Tape check here.

Comments:

Thank you for your time. We will keep you informed on any information regarding this matter.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
IPowerbiz Rep ID #

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail