

**AFFIDAVIT OF CHECK ACCEPTOR
AS REQUIRED UNDER N.C.G.S. 14-107.1**

The affiant, being duly sworn, deposes and says:

1. That on the _____ day of _____, 20____, the check passer, _____, delivered to the affiant as acceptor, or authorized agent, check or draft number _____. That the check or draft was received in Cumberland County and was not pre-dated or post-dated. That the affiant has not received any payment for the check or draft.
2. That the name and address of the check passer was written or printed on the check or draft.
3. That at the time of accepting the check or draft, the affiant, as acceptor or authorized agent, identified the check passer by means of: a North Carolina driver's license; a special identification card issued pursuant to N.C.G.S. 20-37.7; other reliable serially numbered identification card containing a photograph and mailing address of the check passer; **AND** compared the signature on the identification card with the signature on the check or draft and determined the appearance to be genuine; **OR** the check taker saw the check passer sign the check or draft.
4. That the affiant wrote the check passer's license number or identification card number on the check or draft or made a comparison of the number already appearing on the check or draft.
5. That upon dishonor of the check or draft by the check passer's bank, the affiant mailed to the check passer, _____, a letter by certified mail, to the address recorded on the check, identifying the check, setting forth that the check had been dishonored because of insufficient funds; closed account, requesting that rectification of any bank error or other error within ten (10) days by paying the check or draft directly to the affiant.
6. That more than fifteen (15) days have elapsed since mailing the letter and that the check passer failed to rectify any error that may have occurred so that the check or draft could be paid or has failed to pay the face amount of the check or draft to the affiant.
7. That a copy of the letter which was sent by certified mail to the check passer is attached to this affidavit and that the receipt or copy thereof from the United States Postal Service showing that a letter was, in fact, mailed.
8. That the check or draft is attached and there is stamped or marked on the check or draft the reason the check or draft was dishonored.
9. That the name, address, telephone number and federal identification number of the check taker is as follows:
Name of Company: _____
Federal ID Number: _____
Address: _____

10. That I am authorized under the provisions of N.C.G.S. 25-3-512 to request a \$25.00 check processing fee upon compliance with the requirements set forth in said statute.

SIGNATURE OF AFFIANT

Sworn to and subscribed before me this the _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____