



612 6<sup>TH</sup> STREET, SUITE D  
PORTSMOUTH, OH 45662  
P: 740.355.8358  
F: 740.354.8623  
[SCHD@SCIOTOCOUNTY.NET](mailto:SCHD@SCIOTOCOUNTY.NET)  
[SCIOTOCOUNTYHEALTH.COM](http://SCIOTOCOUNTYHEALTH.COM)

## Returned Check Notice

Date

Name

Address

### RE: Returned Check – Insufficient Funds

Dear

The check you wrote for \$(amount), dated (date written on check), and made payable to Scioto County Health Department was returned by your bank to the Scioto County Treasurer for insufficient funds.

Please make arrangements to pay your outstanding balance of \$(amount of check) within 24 hours or sooner and the Returned Check Fee will be waived.

Otherwise, submit payment in full within 7 days of the date on this letter along with \$25.00 in additional processing fees for a total of \$(total amount owed.)

You may make payment using the following methods:

Payment is due no later than **7 days** of the date of this letter.

Payment methods:

- Cash
- Guaranteed pre-paid funds – examples listed below.
  - Money Order
  - Certified Check

Money Order and/or Certified Check made payable to: Scioto County Health Department.

Mail or bring payment to the following address:

612 6<sup>th</sup> St., Suite D  
Portsmouth, OH 45662

Once a check is returned, we **do not** accept a check from the individual or organization again.

Your name and/or organization will be placed on Return Check List.

Staff is mandated to check the Returned Check List before accepting a personal or organization check.

Please feel free to contact me at 740-355-8358 if you have any questions or need additional information regarding this matter.

Respectfully,

Amber Gustin,  
Fiscal Officer



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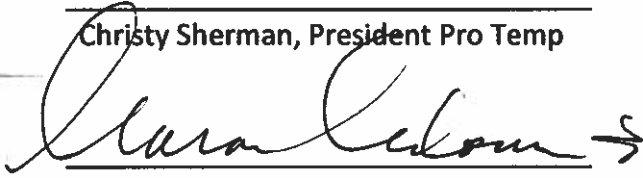
**Policy Approval Date:**

**Board Approval:**

  
\_\_\_\_\_  
Laura Miller, President

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Christy Sherman, President Pro Temp

  
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Sean Sturgill

  
\_\_\_\_\_  
Dr. Aaron Adams

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Dr. Michael Martin, Board Secretary