

Departmental Deposit - Returned Check Form

Date: _____
From: _____
Payor Name _____
Amount _____
Department _____
Contact Name _____ **Extension:** _____

This notification is to inform you that the enclosed check has been returned by the bank. Since this payment was received by your department, we ask that you complete the Departmental Account Information, select Option 1 or Option 2, and return this form to our office.

Departmental Account Information

Name Of Budget To Be Charged	Loc	Account	Fund	Sub	Obj Code	Amount

Option 1 - Bill Payor via BARC

I hereby authorize the BARC office to bill the payor, and attempt to collect on this payment. I acknowledge that BARC will charge back the Departmental Account should the payor fail to pay-off this obligation within 6 months from the time of issuance.

Option 2 - Charge to Departmental Account

I authorize the the Billing Cashier to charge back the Department Account

Please Return Completed Form to Veronica Catalan using any of the following approved methods:

Via Email - Copy completed PDF and attach to in an email to: Veronica.Catalan@cash.ucsb.edu

Via Fax - Copy completed PDF and fax to: 805-893-8063

Via Campus Mail - Billing Cashiers Office, Mail Code: 2003