Oklahoma Administrative Code 45:10-3-18
Notice of Dishonored Check

Insufficient Funds Check(s)

ABLE Notification Date: _____

Number of Pages: _____

DBA Name: _____

Address: _____

_____

ABLE License Number: _____

Date Check Written: _____

Amount of Check: _____

Bank Name: _____

Wholesaler, Distributor and Self-Distributor Info:

Name: _____

Bank Name: _____

Date Check Deposited: _____

Date of Check Return: _____

Notification Date(s): _____

Invoice Number(s): _____

This form MUST be submitted along with a front/back copy of check or ACH notice the close of the 3rd Business Day "Notification of Non-Payment" if payment has not been received in full.

Please complete a separate form for EACH returned check/ACH.

To: ABLE Commission
Catherine Otey
catherine.otey@able.ok.gov
405-522-3982 (office)