

# PLEASE MAKE CHECKS PAYABLE TO AIM

**CHECKCARE**   
S Y S T E M S

**INFORMATION REQUIREMENTS:**

- NAME
- HOME PHONE #
- DRIVER LICENSE #
- WORK PHONE #
- PHYSICAL ADDRESS (NO P.O. BOX)

**Service Charge and Processing  
Fee on All Returned Checks**

**NOTICE!**  
*Returned checks may be represented  
electronically for check amount and  
service charges as permitted by law.*