

# NOTICE OF DISHONORED CHECK

Account #:	Date:	
Customer:	Telephone:	
Address:		
City	State:	Zip:

CHECK #	DATE	BANK	AMOUNT

Please be advised that payment on the check(s) listed above has been refused by your bank. After verification with your bank, we have found that there are insufficient funds to pay the check.

We request that you replace this check immediately with cash or a certified check for the amount(s) specified above and an additional \$\_\_\_\_\_ as a service charge for bad checks.

If we have do not receive this payment within 10 days from the date of this letter, or such further time as may be allowed by state law, we will immediately take appropriate legal action for the recovery of our funds. Please be advised that such legal proceeding may substantially increase the amount owed to us and may include pre-judgment interest and legal and court costs.

Upon receipt of payment, we will return your check to you. Thank you for your prompt attention to this serious matter.

Sincerely,

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