

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Notice of Insufficient Funds

Dear [Recipient Name],

This letter is to inform you that the payment listed below was returned by your financial institution due to **insufficient funds** (NSF).

- **Payment Date:** [Date of Payment]
- **Payment Amount:** \$[Amount]
- **Reference Number:** [Check or Transaction Number]

As a result of this returned payment, a processing fee of \$[Fee Amount] has been added to your account balance. The total amount now due is **\$(Total Amount Due)**.

Please provide a replacement payment in the form of a credit card, cash, or certified check by [Due Date] to avoid further action or service interruption.

If you have already sent a replacement payment, please disregard this notice. If you believe this is an error, please contact us immediately at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]