

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

[Date]

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

RE: NOTICE OF RETURNED ITEM - INSUFFICIENT FUNDS

Dear [Customer Name],

This letter is to inform you that your payment in the amount of \$[Amount], dated [Check/Payment Date], has been returned by your financial institution due to Insufficient Funds (NSF).

The details of the returned item are as follows:

- Check/Reference Number: [Number]
- Original Payment Amount: \$[Amount]
- Returned Item Fee: \$[Fee Amount]
- **Total Amount Due: \$[Total Amount]**

Please provide a replacement payment for the total amount listed above within [Number] business days. We request that the replacement payment be made via cash, money order, or certified check to ensure immediate processing.

If you have already sent a replacement payment, please disregard this notice. If you have any questions regarding this matter, please contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Company Name]