

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

**RE: NOTICE OF DISHONORED CHECK AND DEMAND FOR PAYMENT**

Dear [Recipient Name],

This letter serves as formal notice that the following check has been returned by your financial institution unpaid:

Check Number: [Check Number]

Check Date: [Date on Check]

Check Amount: \$[Amount]

Reason for Return: [e.g., Insufficient Funds / Account Closed]

As a result of this returned check, your account is now in default. You are hereby requested to replace the dishonored check with guaranteed funds (cash, cashier's check, or money order) within [Number, e.g., 10] days of the date of this letter.

In addition to the original check amount, you are required to pay a returned check fee of \$[Fee Amount], bringing the total amount due to \$[Total Amount].

Failure to rectify this default within the specified timeframe may result in further action, including but not limited to, the suspension of services, reporting to credit bureaus, or legal proceedings to recover the debt plus applicable interest and legal fees.

Please remit payment immediately to the address listed above or contact [Contact Name] at [Phone Number] to confirm payment has been sent.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]