

**Date:** [Insert Date]

**To:** [Recipient Name]  
[Recipient Address]  
[City, State, Zip Code]

**Subject: OFFICIAL NOTICE OF RETURNED PAYMENT**

Dear [Recipient Name],

This letter serves as official notification that your recent payment has been returned by the financial institution. The details of the returned payment are as follows:

- **Payment Date:** [Insert Date]
- **Payment Amount:** \$[Insert Amount]
- **Reference Number:** [Insert Check/Transaction Number]
- **Reason for Return:** [Insert Reason, e.g., Insufficient Funds]

As a result of this returned payment, your account balance remains outstanding. Additionally, a returned payment fee of \$[Insert Amount] has been applied to your account.

Please provide a replacement payment including the returned payment fee by [Insert Deadline Date]. We request that the new payment be made via [Insert Accepted Payment Method, e.g., Certified Check or Credit Card].

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Company Name]  
[Your Title]  
[Your Contact Information]