

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

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

RE: FINAL NOTICE - DEMAND FOR PAYMENT OF DISHONORED CHECK

Dear [Recipient's Name],

This is a formal final notice regarding check number [**Check Number**], dated [**Date on Check**], in the amount of \$[**Principal Amount**], which was returned by your financial institution marked "Insufficient Funds" or "Account Closed."

Despite previous attempts to resolve this matter, the balance remains unpaid. Please be advised that under [Insert State] law, you are liable for the face value of the check plus statutory damages and service fees.

To avoid further legal action, you must pay the total amount due within [Number, e.g., 10] days from the date of this letter:

- Principal Amount: \$[Principal Amount]
- Returned Check Fee: \$[Fee Amount]
- Statutory Damages: \$[Damages Amount]
- **TOTAL DUE: \$[Total Amount]**

Payment must be made by cash, money order, or certified check. Personal checks will not be accepted.

Failure to comply with this final demand will result in the immediate filing of a civil lawsuit to recover the full amount including court costs and attorney fees. Furthermore, we may refer this matter to local law enforcement for criminal prosecution under state bad check statutes.

Please govern yourself accordingly.

Sincerely,

[Your Signature]
[Your Printed Name]