

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

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

RE: FORMAL DEMAND FOR PAYMENT OF DISHONORED CHECK

Dear [Recipient Name],

This letter serves as formal notice regarding Check No. [Check Number], dated [Date on Check], in the amount of \$[Original Amount], which was issued to [Your Name/Company Name].

This check was presented for payment on [Date Presented] and was returned by the financial institution unpaid due to [Reason, e.g., Insufficient Funds/Account Closed].

Pursuant to [State Statute/Law], demand is hereby made for the face amount of the check plus a service charge of \$[Service Fee Amount]. Total payment required is \$[Total Amount Due].

Please be advised that if the total amount is not paid in full within [Number of Days, e.g., 30] days of receipt of this notice, I intend to initiate legal action. Under state law, you may be held liable for additional penalties, including:

- Statutory damages (up to three times the amount of the check);
- Reasonable attorney's fees;
- Court costs and filing fees.

Payment should be made via certified check, cashier's check, or money order to the address listed above.

Please govern yourself accordingly.

Sincerely,

[Your Signature]
[Your Printed Name]