

DATE: [Insert Date]

TO:

[Name of Maker/Drawer]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF DISHONORED CHECK AND DEMAND FOR PAYMENT

Dear [Name of Maker/Drawer],

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

- **Check Number:** [Insert Check Number]
- **Date of Check:** [Insert Date on Check]
- **Amount of Check:** \$[Insert Amount]
- **Reason for Return:** [e.g., Insufficient Funds / Account Closed]

Pursuant to state law [Insert State Statute Number if known], you are hereby notified that you have 30 days from the date of this notice to pay the full amount of the check in cash or certified funds, plus a service charge of \$[Insert Service Fee Amount].

FAILURE TO PAY WITHIN 30 DAYS:

If payment is not received in full within 30 days, I intend to file a legal action against you. Under the statutes of this state, I will seek **treble damages** (three times the amount of the check), which would total \$[Insert Treble Amount], plus the original check amount, court costs, and reasonable attorney fees.

Please remit the total amount of \$[Insert Total of Check + Service Fee] immediately to the address listed below to avoid further legal action and the assessment of statutory treble damages.

MAKE PAYMENT TO:

[Your Name or Company Name]

[Your Mailing Address]

[Your Phone Number]

Sincerely,

[Your Signature]

[Your Printed Name]