

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

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

RE: NOTICE OF DISHONORED CHECK AND SERVICE SUSPENSION

Dear [Customer Name],

This letter is to formally notify you that your check number #[Check Number], dated [Check Date], in the amount of \$[Amount], has been returned by your financial institution marked as "Non-Sufficient Funds" (NSF).

As a result of this returned payment, your account is now past due. Please be advised that your services have been **suspended immediately** effective [Suspension Date].

To restore your services and bring your account into good standing, you are required to pay the following:

- Original Check Amount: \$[Amount]
- Returned Check Fee: \$[Fee Amount]
- **Total Due: \$[Total Amount]**

We require this balance to be paid via certified funds (Cashier's Check, Money Order, or Credit Card) by [Due Date]. We will no longer accept personal checks from your account for a period of [Number] months.

Once the full payment has been confirmed, your services will be reactivated within [Number] hours. Please contact our billing department at [Phone Number] to arrange payment.

Sincerely,

[Your Name/Department]
[Your Title]