Date: [Current Date]

TO:
[Name of Debtor]
[Address of Debtor]
[City, State, Zip Code]

RE: NOTICE OF DISHONORED CHECK AND DEMAND FOR PAYMENT

Dear [Name of Debtor],

This letter serves as formal notice that check number **[Check Number]**, dated **[Check Date]**, in the amount of **$[Amount]**, made payable to **[Your Name/Company Name]**, was returned by **[Name of Bank]** marked "Insignificant Funds" or "Account Closed."

You are hereby requested to make payment in full to replace the dishonored check. In addition to the face value of the check, you are required to pay a returned check fee of **$[Fee Amount]**, as permitted by state law.

Total Amount Due: $[Total Amount]

Please be advised that this total amount must be paid within **[Number of Days, e.g., 10]** days of the date of this notice. Payment must be made via **certified check, cashier's check, or money order**. Personal checks will not be accepted.

Payment should be delivered to the following address:

[Your Name/Company Name]
[Your Mailing Address]
[City, State, Zip Code]

Failure to resolve this matter within the specified timeframe may result in further legal action, including but not limited to, civil litigation or the referral of this matter to local law enforcement/the District Attorney's office.

Please govern yourself accordingly.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]