

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

[Date]

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

RE: NOTICE OF DISHONORED CHECK AND FORMAL DEMAND FOR PAYMENT

Dear [Recipient Name],

This letter serves as formal notice that check number [Check Number], dated [Date on Check], in the amount of \$[Amount], made payable to [Your Name/Company Name], was returned by your financial institution marked "Insufficient Funds" (NSF).

As of this date, the balance remains unpaid. Pursuant to state law, you are hereby requested to make payment in full to resolve this matter. The total amount due is as follows:

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

Please remit the total balance due via certified check, cashier's check, or cash within [Number of Days, e.g., 10] days of the date of this letter. Payments should be delivered to the address listed at the top of this notice.

Failure to settle this debt within the timeframe specified may result in further legal action. This may include, but is not limited to, the commencement of a civil lawsuit to recover the balance, interest, court costs, and reasonable attorney fees, or the referral of this matter to a collection agency.

Please give this matter your immediate attention to avoid further costs and legal complications.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Position]