

DEMAND FOR PAYMENT

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Dear _____

Your check number _____, drawn on _____
dated _____ and made payable to _____ in
the amount of \$ _____ has been returned by the bank marked _____

The total amount due is \$ _____, which includes a \$ _____
service charge.

"This is a demand for payment in full for a check or order not paid because of a lack of funds or insufficient funds. If you fail to make payment in full within 10 days after the date of receipt of this notice, the failure to pay creates a presumption for committing an offense, and this matter may be referred for criminal prosecution."