

Date: _____

(Defendant's Name)
(Street)
(City, State & Zip Code)

RE: Check No. _____
Dated: _____
Amount \$ _____
Merchant Fee of \$ _____

Dear _____ (Defendant's Name):

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.

Sincerely,

(Your Name)