

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.

Since this check was not paid because of a stop payment order, you have the option of either paying the check or returning the merchandise within 10 days of receipt of this notice. The failure to either return the merchandise or make restitution for the check creates a presumption for committing an offense, and this matter may be referred for criminal prosecution.

Sincerely,

(Your Name)