

STATUTORY WARNING

Date: _____

Name: _____

Re: Check No. _____

Address: _____

Dated on check: _____

Check Amount: \$ _____

Bank: _____

PAYABLE TO: _____

Dear: _____,

The above described check was returned for the following reasons:

- Insufficient Funds (NSF) Other reason: _____

This is a demand for payment in full for a check not paid because of the reason checked and/or listed above. 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,

Print Name: _____

Merchant (Handling Fee): \$ 30.00

Grand Total of Amount Due: \$ _____