

STATUTORY WARNING

Date _____

Name _____

Address _____

RE: Check No. _____ Dated: _____

Amount: _____ Bank: _____

PAYABLE TO: _____

Dear

The above described check was returned for the following reason:

Insufficient Funds Reason listed below

This is a demand for payment in full for a check or order not paid because reason 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,

\$ _____ HANDLING FEE

TOTAL AMOUNT DUE \$ _____