



BAD CHECK NOTICE FORM

Date: _____

To:

Dear _____:

Payment on your Check No. _____ in the amount of \$_____, tendered to us on _____, 20____, has been dishonored by your bank. We have verified with your bank that there are still insufficient funds to pay the check.

Accordingly, we request that you replace this check with a cash (or certified check) payment.

Unless we receive good funds for said amount within _____ days, we shall immediately commence appropriate legal action to protect our interest. Upon receipt of replacement funds we shall return to you the dishonored check.

Sincerely,

Certified Mail, Return Receipt Requested.

