

Date: _____

_____(Check Drafter's Name)

_____(Street)

_____(City, State, & Zip Code)

RE: Check No. _____

Dated: _____

Amount \$: _____

Merchant Fee of \$ _____

Total Amount Due \$ _____

Dear _____(Check Drafter's Name):

This is a demand for payment in full for a check or order not paid because of 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.

If the check amount plus a merchant fee of: \$ _____, is not made good at the location shown below within 10 days of the receipt of this letter, it is our intention that the check will be referred to the Washington County Attorney's office for criminal prosecution. Payment must be made exclusively in the form of a cashier's check, money order, or cash. Payments in cash must be made in person. Your immediate and serious attention to this matter would be appreciated.

Sincerely,

_____(Name of Merchant)

Mail payment IN FULL to:
