

Worthless Check Notification Letter

Date: _____

Your name: _____

Your company's name (if applicable): _____

Address: _____

City _____ State _____ Zip _____

Name of person who wrote the worthless check: _____

Address of person who wrote check (*as it appears on check*):

City _____ State _____ Zip _____

RE: (*check number*) _____

Dear _____

You are hereby notified that check or electronic funds transfer, numbered _____, in the face amount of \$ _____, issued or initiated by you on _____, drawn upon _____, and payable to _____, has been dishonored.

Pursuant to Florida Law you have 15 days following the date of this notice to tender payment of the full amount of such check or electronic funds transfer plus a service charge of \$25, of the face value does not exceed \$50.00; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300; or an amount of up to 5 percent of the face amount of the check, whichever is greater, the total amount due being \$ _____ and _____ cents.

Unless this amount is paid in full within the time specified above, the holder of such check or electronic funds transfer may turn over the dishonored check or electronic funds transfer and all other available information relating to this incident to law enforcement for criminal prosecution. You may be additionally liable in a civil action for triple the amount of the check or electronic funds transfer, but in no case less than \$50, together with the amount of the check or electronic funds transfer, a service charge, court costs, reasonable attorney's fees, and incurred bank fees, as provided in Florida Statute 68.065,

Signature of person giving notice: _____

Address of person giving notice:

Street: _____

City _____ State _____ Zip _____