

DATE: _____

NAME OF PERSON WHO SIGNED CHECK: _____

ADDRESS ON CHECK OR BEST KNOWN ADDRESS:

RE: Returned Check # _____

Dear _____:

The check which you presented to _____
dated _____, drawn on the _____
in the amount of _____ has been returned by your bank for the following reason:
_____.

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.

Therefore, you have 10 business days from receipt of this letter to present payment in the form of cash, money order or certified check for this check or the matter will be referred to the Fannin County Criminal District Attorney's Office.

Sincerely,

PAYEE CONTACT NAME: _____

PAYEE ADDRESS: _____

PAYEE TELEPHONE NUMBER: _____