

MERCHANT DEMAND LETTER

Dear _____:

CUSTOMER'S NAME _____

DATE OF CHECK _____

AMOUNT _____

BANK _____ BRANCH _____

REASON RETURNED _____

THIS IS A DEMAND FOR PAYMENT IN FULL FOR A CHECK OR ORDER NOT PAID BECAUSE OF A LACK OF FUNDS OR INSUFFICIENT FUNDS. IF YOU FAIL TO MAKE PAYMENT FULL WITHIN 10 DAYS AFTER THE DATE OF THE RECEIPT OF THIS NOTICE, THE FAILURE TO PAY CREATES A PRESUMPTION FOR COMMITTING AN OFFENSE AND THIS MATTER MAY BE REFERRED FOR CRIMINAL PROSECUTION.

CHECK NO. _____

AMOUNT _____

SERVICE CHARGE _____

TOTAL DUE _____

Sincerely,
