
(Date)

Dear _____:

You are hereby notified that a check, numbered _____, in the face amount of \$_____,
(Check #)
issued by you on _____ drawn upon _____,
(Date check was written) (Name of bank)
and payable to _____, has been dishonored. Pursuant to Florida
(Check recipient)
law, you have 15 days from receipt of this notice to tender payment of the full amount of
such check plus a service charge as follows:

<u>Check Amount</u>	<u>Service Charge</u>
\$0.01 up to \$50.00	\$25.00
\$50.01 up to \$300.00	\$30.00
\$300.01 and up	\$40.00 or 5% of the check (whichever is greater)

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

Repayment must be by cash, money order, or cashiers check. Personal checks will not be accepted. If you would like your check returned, enclose a self addressed, stamped envelope with your repayment. Otherwise your check will be destroyed.

Sincerely,
