

NOTICE OF RECEIPT OF WORTHLESS CHECK

CERTIFIED-RETURN RECEIPT REQUESTED
OR
FIRST CLASS MAIL

DATE: _____

TO: _____

You are hereby notified that a check, numbered _____, issued by you on _____, drawn upon _____ Bank, and payable to _____, has been dishonored. Pursuant to Florida Law, you have 15 days from the date of this notice to tender payment of the full amount of such check, plus a service charge of \$_____, the total amount due being \$_____dollars 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 \$50.00, together with the amount of the check a service charge, court costs, reasonable attorney fees and incurred bank fees, as provided in Section 68.065 F.S.

Sincerely,

Address

City/State/Zip Code

Telephone Number