

NOTICE AND DEMAND FOR PAYMENT
OF DISHONORED CHECK

DATE: _____

NAME: _____

ADDRESS: _____

ON CHECK #: _____

YOU ARE HEREBY NOTIFIED THAT A CHECK DATED: _____

DRAWN ON THE _____ BANK

OF _____ IN THE AMOUNT OF \$ _____

BEARING THE SIGNATURE OF _____

HAS BEEN RETURNED UNPAID WITH THE NOTATION THAT PAYMENT HAS BEEN
REFUSED

BECAUSE OF _____.

UNLESS THIS CHECK IS PAID IN FULL WITHIN FIVE (5) BUSINESS DAYS AFTER MAILING
THIS NOTICE, WE WILL, OR MAY REFER THE MATTER TO THE PROPER AUTHORITIES FOR
PROSECUTION UNDER MINNESOTA STATUTE SECTION 609.535, AND THE FINANCIAL
INSTITUTION SHALL RELEASE INFORMATION RELATING TO THIS CHECKING ACCOUNT TO
THE PAYEE OR HOLDER OF THE CHECK. PLEASE INCLUDE \$30 CASH OR CASHIER'S CHECK
FOR THE NSF CHARGE, IN ADDITION TO THE AMOUNT OWED FOR THE CHECK.

REMIT TO: _____

ADDRESS: _____
