Date:	
(Name of check writer)	
(Address)	
Dear:	
which was made payable to	, in the amount of \$, was returned by(name of bank) because (account was closed OR the account had
insufficient funds).	account was slood of the account had
days of the date of mailing this de charged by your bank to process bad check or \$35 for each subse	is received by cash or money order within 30 emand, together with \$ (amount the bad check, not to exceed \$25 for the first quent bad check), and \$ for the cost of tified mail, I will file suit against you in Small
\$ in statutory dam check (calculated by assessing a	for the amount of the check, \$, plus ages equal to three times the amount of the minimum penalty of \$100 up to a maximum of ection 1719), for a total claim of \$
You may wish to consult a lawye	r to discuss your legal rights and responsibilities.
Please send your payment to:	
Your Name	
Your Address	
Your Signature	