

Sample Demand Letter

Victims of dishonored checks are required to make at least one attempt to notify a check writer to demand payment of a dishonored check that is returned because of Insufficient Funds. **This must be done by mail. The check writer must then be given ten (10) days to respond.** (If, after that time, the matter has not been resolved, the check can be referred to the Check Enforcement Program. See the Program Guidelines for more details on referring a check.)

The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Indiana Statutes.

Note: Victims of dishonored checks must not make any threats of prosecution (written or oral) to enforce or enhance the collection or honoring of the check.

Be sure to date the letter.

You can vary this text, but the text of a demand letter should “substantially conform to” this wording.

You may require the check writer to pay fees allowable by law.

Keep a copy of the demand letter and enclose a copy of the demand letter or return receipt when you submit the check to the Check Enforcement Program.

If it is returned as undeliverable, you should enclose the undelivered letter when you submit the check to the Check Enforcement Program.

The Check Enforcement Program requires check writers to pay the victim the full amount of the check as well as a fee to help offset the costs that are incurred as a result of the bad check.

In the event you contact the check writer by phone, you should essentially give the same information as shown in this sample letter.

Of course you are free to discuss the matter with the check writer, but remember to avoid threats of prosecution.

(Company letterhead)

Check writer
Address
City, State Zip

Date

Re: Notice of Dishonored Check

You are hereby notified that a check, number _____, issued by you on *(date of check)*, drawn upon *(name of bank)*, and payable to *(your business)*, has been dishonored.

You have ten days from the date of this notice to tender payment of the full amount of the check plus a fee of \$ _____.
_____.

You are further notified that in the event the above amount is timely paid in full, you will not be subject to legal proceedings, civil or criminal.

Sincerely,

(Signed)

(Phone number)

FOR MORE INFORMATION

If you have questions about the Program or any of the dishonored checks you have referred, call us toll free at **1-800-931-9395**. You may also contact the Program on the web at: **www.hotchecks.net/greene**. We will do our best to make sure your dishonored check(s) are handled promptly and efficiently.

Greene County Prosecuting Attorney's Check Enforcement Program

P.O. Box 428 • Bloomfield, IN 47424