

**NOTICE OF DISHONORED CHECK**

Date: \_\_\_\_\_

To:

You are hereby notified that the check(s) or instrument(s) listed below (has) (have) been dishonored. Pursuant to Arkansas Code §5-37-303, you have ten (10) days from receipt of this notice to tender payment of the total amount of the check(s) or instrument(s), plus the applicable service charge(s) of \$ \_\_\_\_\_ (not to exceed \$25.00 per check), plus the amount of any fees charged by any financial institution as a result of the check's not being honored, the total amount due being \$ \_\_\_\_\_. Unless this amount is paid in full within the time specified above, the dishonored check(s) or instrument(s) and all other available information relating to this incident may be turned over to the prosecuting attorney for criminal prosecution.

Check No.	Check Date	Check Amount	Name of Bank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mail or deliver the total amount to the following:

Notice Issued by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_