

**NOTICE OF DISHONORED CHECK**

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

To:

You are hereby notified that a check numbered \_\_\_\_\_ in the face amount of \$\_\_\_\_\_ issued by you on (date) \_\_\_\_\_, 20\_\_\_\_, drawn upon (name of bank) \_\_\_\_\_, and payable to \_\_\_\_\_, has been dishonored. Pursuant to Florida law, you have 30 days from receipt of this notice to tender payment in cash of the full amount of the check plus a service charge of \$25 if the face value does not exceed \$50; \$30 if the face value exceeds \$50 but does not exceed \$300; \$40 if the face value exceeds \$300, or 5 percent of the face amount of the check, whichever is greater, the total amount due being \$\_\_\_\_\_. Unless this amount is paid in full within the 30-day period, the holder of the check or instrument may file a civil action against you for three times the amount of the check, but in no case less than \$50, in addition to the payment of the check plus any court costs, reasonable attorney fees, and any bank fees incurred by the payee in taking the action.

Mail or deliver the total amount to the following:

Notice Issued by:

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

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

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