

NOTICE OF DISHONORED CHECK

Date: _____

To:

You are hereby notified that a check or instrument numbered: _____, apparently issued by you on _____ [date], in the amount of \$ _____, drawn upon _____ [name of bank], and payable to _____, has been dishonored. Pursuant to Indiana law (IC 26-2-7-1, et seq.), you have 10 days from postmark of this notice to tender payment of the full amount due (\$_____) in order to avoid further liability. If you fail to pay within 10 days, you will owe additional amounts including interest, attorney fees, and other costs and expenses incurred for the collection of the dishonored check. Contact me for the exact amount at [phone] _____ before paying. If you fail to pay within 30 days from the postmark on this Notice, you will also be liable for the following: If the face amount of the check is not greater than two hundred fifty dollars (\$250.00), three (3) times the face amount of the check, -OR- if the face amount of the check is greater than two hundred fifty dollars (\$250.00), the face amount of the check plus five hundred dollars (\$500.00).

Mail or deliver the total amount to the following:

Notice Issued by:

Signature: _____

Print Name: _____

Title: _____