

**NOTICE OF DISHONORED CHECK**

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

To:

You are hereby notified that Check No. \_\_\_\_\_, dated \_\_\_\_\_ in the amount of \$\_\_\_\_\_, drawn upon \_\_\_\_\_ and payable to \_\_\_\_\_ has been dishonored for the reason of \_\_\_\_\_.

Pursuant to South Dakota law (21-57-5), you have thirty (30) days from receipt of this notice to pay or tender to \_\_\_\_\_ (payee) the full amount of the check or instrument, plus additional charges, itemized as follows:

Face amount of check:	\$ _____
Returned check fee:	\$ 30.00
Incurred Court Costs:	\$ _____
Filing Fees	\$ _____
Accrued interest:	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

Unless this Total Amount is paid in full within the specified time above, you will be liable for damages including (but not limited to) the amount of the check, statutory damages of \$100.00 or triple the amount of the check, whichever is greater (but not more than \$200), plus costs of court.

Mail or deliver the total amount to the following:

Notice Issued by:

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

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

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