

NOTICE OF DISHONORED CHECK
DEMAND FOR PAYMENT
FORM A

USE FOR CHECK(S) **\$4999.99 OR LESS**; A CLASS 1 MISDEMEANOR

DATE: _____

TO: _____
 (Name of Check Issuer / Writer)

 (Street Address)

 (City, State, Zip Code)

**PURSUANT TO ARS 13-1807, THE CHECK OR INSTRUMENT SHOWN OR DESCRIBED BELOW,
ISSUED BY YOU HAS BEEN DISHONORED:**

INSTRUMENT/CHECK NO _____ INSTRUMENT /CHECK DATE _____

ORIGINATING INSTITUTION, BANK OR OTHER DRAWER _____

AMOUNT PAYABLE TO _____

REASON FOR DISHONOR (MARKED ON INSTRUMENT) _____

PURSUANT TO ARS 13-1808, YOU HAVE 12 CALENDAR DAYS FROM THE DATE OF THIS NOTICE TO PAY OR TENDER TO THE HOLDER NAMED BELOW THE FULL AMOUNT OF THE CHECK OR INSTRUMENT, TOGETHER WITH ALL REASONABLE COSTS, AND STATUTORY FEES. PAYMENT MUST BE IN THE FORM OF A MONEY ORDER, CASHIER'S CHECK OR CASH. YOU ARE HEREBY NOTIFIED THAT UNLESS THIS AMOUNT IS PAID IN FULL WITHIN THE TIME SPECIFIED, THE HOLDER OF THE DISHONORED CHECK OR INSTRUMENT MAY TURN IT AND ALL OTHER AVAILABLE INFORMATION RELATING TO THIS INCIDENT OVER TO THE MARICOPA COUNTY ATTORNEY'S OFFICE FOR CRIMINAL PROSECUTION.

CHECK AMOUNT \$ _____

FEE AMOUNT \$ _____

TOTAL OWED \$ _____

VICTIM'S SIGNATURE _____ TELEPHONE # (____) _____

BUSINESS NAME _____

ADDRESS _____

NOTICE OF DISHONORED CHECK
DEMAND FOR PAYMENT
FORM B

USE FOR CHECK(S) \$5000.00 OR MORE; A CLASS 6 FELONY

DATE: _____

TO: _____
 (Name of Check Issuer / Writer)

 (Street Address)

 (City, State, Zip Code)

**PURSUANT TO ARS 13-1807, THE CHECK OR INSTRUMENT SHOWN OR DESCRIBED BELOW,
ISSUED BY YOU HAS BEEN DISHONORED:**

INSTRUMENT/CHECK NO _____ INSTRUMENT /CHECK DATE _____

ORIGINATING INSTITUTION, BANK OR OTHER DRAWER _____

AMOUNT PAYABLE TO _____

REASON FOR DISHONOR (MARKED ON INSTRUMENT _____)

**PURSUANT TO ARS 13-1807(E), YOU HAVE 60 CALENDAR DAYS FROM THE DATE OF THIS NOTICE TO PAY OR
TENDER TO THE HOLDER NAMED BELOW THE FULL AMOUNT OF THE CHECK OR INSTRUMENT, TOGETHER WITH ALL
REASONABLE COSTS, STATUTORY FEES AND INCLUDING ACCRUED INTEREST AT THE RATE OF 12% PER YEAR.**

**PURSUANT TO ARS 13-1808, YOU HAVE 12 CALENDAR DAYS FROM THE DATE OF THIS NOTICE TO PAY OR TENDER TO
THE HOLDER NAMED BELOW THE FULL AMOUNT OF THE CHECK OR INSTRUMENT, TOGETHER WITH ALL REASONABLE
COSTS, AND STATUTORY FEES. PAYMENT MUST BE IN THE FORM OF A MONEY ORDER, CASHIER'S CHECK OR CASH.
YOU ARE HEREBY NOTIFIED THAT UNLESS THIS AMOUNT IS PAID IN FULL WITHIN THE TIME SPECIFIED, THE HOLDER OF THE
DISHONORED CHECK OR INSTRUMENT MAY TURN IT AND ALL OTHER AVAILABLE INFORMATION RELATING TO THIS
INCIDENT OVER TO THE MARICOPA COUNTY ATTORNEY'S OFFICE FOR CRIMINAL PROSECUTION.**

CHECK AMOUNT \$ _____

FEE AMOUNT \$ _____

ACCRUED INTEREST \$ _____ AT 12% PER YEAR

TOTAL OWED \$ _____

VICTIM'S SIGNATURE _____ TELEPHONE # (____) _____

BUSINESS NAME _____

ADDRESS _____
