

ARIZONA

NOTICE OF DISHONORED CHECK

[DATE]

[NAME OF ISSUER]

[STREET ADDRESS]

[CITY AND STATE]

You are notified that a check or instrument numbered _____ and dated _____, 20__, drawn on _____ (bank or other financial institution) of _____, in the amount of \$_____ has been returned unpaid with the notation that the payment has been refused because of insufficient funds. Within twelve days from the mailing of this notice you must pay XYZ CORPORATION at _____ (address) sufficient money to pay the check, draft, or instrument in full. You are required to pay the full amount of the check and a collection fee of \$25.00, the total amount due being \$_____. If payment of the above amount is not made within twelve days of the mailing of this notice of dishonor, you may be liable, in addition to the amount of the check, and a collection fee of \$25.00, for twice the amount of the check or \$50.00, draft whichever is greater, and reasonable attorney's fees.

Sincerely,

[YOUR NAME]

[YOUR TITLE]

[XYZ COPORTTION]

[ADDRESS]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]