

DELAWARE

NOTICE OF DISHONORED CHECK

[DATE]

[NAME OF ISSUER]

[STREET ADDRESS]

[CITY AND STATE]

Pursuant to the law of Delaware, you are hereby 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. This is a demand for payment in full for a check or order not paid because of a lack of funds or insufficient funds, the total amount due being \$_____. If you fail to make payment in full to XYZ CORPORATION within 10 days after the date of receipt of this notice, the failure to pay creates a presumption for committing an offense, and this matter may be referred for criminal prosecution.

Sincerely,

[YOUR NAME]

[YOUR TITLE]

[XYZ COPORTTION]

[ADDRESS]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]