

RHODE ISLAND*

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 thirty (30) 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, plus a service charge of twenty-five dollars (\$25.00), the total amount due being \$_____. If payment of the above amount is not made within thirty (30) days of the mailing of this notice of dishonor, you may be liable under §§6-42-3, in addition to the amount of the check, draft, or other instrument and a collection fee of twenty-five dollars (\$25.00), for an amount of up to three (3) times the amount of the check, draft or other instrument, but in no case, less than two hundred dollars (\$200) and not more than one thousand dollars (\$1,000).

Sincerely,

Signed: _____

[YOUR NAME]

[YOUR TITLE]

[XYZ COPORTTION]

[ADDRESS]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]

***Must be sent at least 10 days after the check was dishonored.**