

## *Insufficient Funds Check Notice*

Name  
Business  
Address  
City, State, Zip

Dear (Name):

You are hereby notified that a check written by you, numbered \_\_\_\_\_, in the face amount of \_\_\_\_\_, on the date of \_\_\_\_\_, drawn upon the bank of \_\_\_\_\_, and made payable to \_\_\_\_\_, has been dishonored by the aforementioned bank and was returned to me pursuant to MCLA 750.133, having been marked as "Insufficient Funds" or "No Account".

In accordance with Michigan State Statute MCLA 750.132, if you do not pay the full amount of the dishonored check in cash, together with costs and protest fees of \$25.00, for a total sum of \$\_\_\_\_\_, within five (5) days after receiving this notice, such refusal to pay shall serve as evidence of your intent to defraud and I will request the prosecuting attorney seek criminal charges against you.

Sincerely,

(Name)  
(Street Address)  
(City, State, Zip Code)

**NOTICE TO SENDER:** This notice must be sent Restricted Delivery - Return Receipt Requested deliverable to the addressee only (the person who signed the check).