

**NOTICE OF DISHONORED CHECK
DEMAND FOR PAYMENT
(TO BE SENT BY CERTIFIED MAIL)**

DATE: _____

TO: _____
Name of Check Writer

Street Address, City, State, and Zip Code

Pursuant to *CALIFORNIA CIVIL CODE §1719*, the check described below, issued by you, has been DISHONORED:

CHECK NO: _____ CHECK DATE: _____

ORIGINATING BANK: _____

CHECK PAYABLE TO: _____

REASON CHECK RETURNED: _____

PURSUANT TO *CALIFORNIA CIVIL CODE §1719(a)(2)*, YOU HAVE THIRTY (30) DAYS FROM THE DATE THIS WRITTEN DEMAND WAS MAILED TO PAY: (1) THE AMOUNT OF THE CHECK; (2) THE AMOUNT OF THE SERVICE CHARGE PAYABLE TO THE PAYEE; AND (3) THE COSTS TO MAIL THIS WRITTEN DEMAND TO YOU.

CHECK AMOUNT	\$	_____		
FEE AMOUNT*	\$	_____		
MAILING COST	+	\$	_____	
		TOTAL OWED	=	\$ _____

YOU ARE HEREBY NOTIFIED THAT UNLESS THIS AMOUNT IS PAID IN FULL WITHIN THE TIME SPECIFIED, THE HOLDER OF THE DISHONORED CHECK MAY SEEK THREE TIMES THE AMOUNT OF THE CHECK UNDER *CAL. CIV. CODE §1719(a)(2)*. IN ADDITION, BE ADVISED THAT IF YOU DO NOT RESPOND WITHIN TEN (10) DAYS, THE UNDERSIGNED MAY REFER ALL AVAILABLE INFORMATION RELATING TO THIS INCIDENT TO THE CALAVERAS COUNTY DISTRICT ATTORNEY'S OFFICE FOR CONSIDERATION OF CRIMINAL PROSECUTION UNDER *CALIFORNIA PENAL CODE §476a*.

MERCHANT'S SIGNATURE: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____

* Not to exceed \$25 for the first check returned for insufficient funds and \$35 for each subsequent check to the same payee returned for insufficient funds.