

NOTICE OF DISHONORED CHECK/ DEMAND FOR PAYMENT

Certified Mail- Personal
Return Receipt Requested

You are notified that a check or instrument, numbered _____, issued by you on _____ (date), drawn upon _____ (name of bank), and payable to _____, has been dishonored.

Pursuant to South Carolina law, you have ten (10) days from the date this notice was mailed to tender payment of the full amount of the check or instrument plus a service charge of thirty dollars (\$30.00), the total amount due being _____ dollars and _____ cents.

Unless this amount is paid in full within the specified time above, the holder of the check or instrument may turn over the dishonored check or instrument and all other available information relating to this incident to the solicitor or other appropriate officer for criminal prosecution."

Furthermore, if payment is not made within thirty (30) days from the date this letter was mailed, a civil action may be brought against you pursuant to S.C. Code 34-11-75, for the lesser of five hundred dollars (\$500.00) or three (3) times the amount of the check, plus court costs and reasonable attorney's fees.

Amount of Check:	_____
Service Charge:	_____
Total:	_____

Signature

Print Name

Business Name

Address