

**CERTIFIED MAIL, RETURN
RECEIPT REQUESTED**

Dated: _____

To: _____

Dear _____:

You are hereby notified that your check numbered _____, issued by you on _____, drawn upon _____, and payable to _____, has been dishonored.

Pursuant to Florida Statute 68.065, you have 30 days from receipt of this notice to tender payment in cash of the full amount of such check plus a service charge of \$20 or 5%, whichever is greater, the total amount due being \$_____. Unless this amount is paid in full within the 30-day period, the holder of the check may file a CIVIL ACTION against you for three times the amount of the check together with court costs, attorney's fees, and any bank fees incurred by the payee.

In addition, pursuant to Florida Statute 832.07, you have 7 days from receipt of this notice to tender the full amount of such check plus a service charge of \$20 or 5%, whichever is greater, the total amount due being \$_____. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the state attorney for CRIMINAL PROSECUTION.

PAYMENT NOW WILL PREVENT BOTH CIVIL ACTION AND CRIMINAL PROSECUTION AGAINST YOU.

PLEASE GOVERN YOURSELF ACCORDINGLY,

Signed

Address: _____

ORIGINAL: Certified Mail, Return Receipt Requested

COPY: Regular U.S. Mail