

Demand to Make Good on Bad Check

Date:

To: [Insert name and address of check writer]

Re: Check #:

Date:

Issuing financial institution:

Dear [Insert name of check writer]:

Your check was returned to my bank and refused payment for the following reason:

Insufficient funds in the account on which the check was drawn to cover the amount of the check.

The account on which the check was drawn has been closed.

Please let me know at once how if there is an error or another problem. If I do not hear from you within 30 days, I will assume that you do not intend to make good on this check and I will proceed to enforce my rights, which may include filing a lawsuit. I will request that the court award me the maximum monetary damages allowed under state law, as well as:

The amount of the check

Bad check processing fee charged by my bank

Expenses incurred in attempting to collect on the check

Sincerely,

Signature

Print name of Check Recipient:

Address:

Home phone:

Work phone: