

NOTICE AND DEMAND FOR PAYMENT OF A DISHONORED CHECK

_____, you are hereby notified that check number _____ issued
(Defendant Full Name) (Check Number)
by you on ____/____/20____, made payable to _____, in the
(Check Date) (Business Name)
amount of \$_____. and drawn upon the _____ Bank of
(Check Amount) (Bank Name)
_____, has been dishonored.
(Bank Address)

DEMAND is hereby made for the payment of the above-mentioned dishonored check. Pursuant to Minnesota Statute Section 609.535 and Minnesota Statute Section 604.113 you have five (5) business days from the date this notice was mailed to you to tender payment in the full amount to the holder of the check. The payment must be made by cash, certified check, cashier's check or a money order. The holder of the check may impose a service charge, not to exceed \$30, for each dishonored check, regardless of mailing a Notice of Dishonor.

If you fail to pay this check in full within five (5) business days the holder of the check may turn over the dishonored check and all other available information to law enforcement and prosecuting authorities for criminal prosecution. Minnesota Statute declares that a person who is convicted of Issuing a Dishonored Check may be sentenced to five (5) years imprisonment or a fine of \$10,000, or both if the value of the check(s) is/are more than \$500 or one (1) year imprisonment or a fine of \$3,000, or both if the value of the check(s) is/are more than \$250 but not more than \$500 or ninety (90) days imprisonment or a fine of \$1,000, or both if the value of the check(s) is/are less than \$250.

Dated: _____

Remit to:

(Your Business Name and Address or Your Name and Address)

Address:

