Date

Your name Your company's name (if applicable) Address City, State, Zip

Name of person who wrote the worthless check Address of person who wrote check (as it appears on check) City, State, Zip of person who wrote check (as it appears on check)

RE: check number _____

Dear (name of person who wrote the worthless check)

You are hereby notified that check or electronic funds transfer, numbered ______, in the face amount of \$_____, issued or initiated by you on <u>(date)</u>, drawn upon (name of bank), and payable to _____, has been dishonored. Pursuant to Florida Law you have 15 days following the date of this notice to tender payment of the full amount of such check or electronic funds transfer plus a service charge of \$25, of the face value does note exceed \$50.00; \$30, if the face value exceeds \$50 but does not exceed \$300; \$40, if the face value exceeds \$300; or an amount of up to 5 percent of the face amount of the check, whichever is greater, the total amount due being \$_____ and _____ cents. Unless this amount is paid in full within the time specified above, the holder of such check or electronic funds transfer may turn over the dishonored check or electronic funds transfer and all other available information relating to this incident to the state attorney for criminal prosecution. You may be additionally liable in a civil action for triple the amount of the check or electronic funds transfer, but in no case less than \$50, together with the amount of the check or electronic funds transfer, a service charge, court costs, reasonable attorney's fees, and incurred bank fees, as provided in s. 68.065, Florida Statutes.

Signature of person giving notice Address of person giving notice City, State, Zip of person giving notice