

**CERTIFIED MAIL, RETURN
RECEIPT REQUESTED**

Dated: _____

To: _____

Dear _____:

You are hereby notified that a check numbered _____ in the face amount of \$ _____ issued by you on _____, 20_____, drawn upon (name of bank) _____, and payable to _____, has been dishonored. Pursuant to Florida law, you have 30 days from receipt of this notice to tender payment in cash of the full amount of the check plus a service charge of \$25 if the face value does not exceed \$50; \$30 if the face value exceeds \$50 but does not exceed \$300; \$40 if the face value exceeds \$300; or 5% of the face amount of the check, 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 or instrument may file a civil action against you for three times the amount of the check, but in no case less than \$50, in addition to the payment of the check, plus any court costs, reasonable attorney fees, and any bank fees incurred by the payee in taking the action.

In addition, pursuant to Florida Statute 832.07, 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