
MONTH - DAY - YEAR

FROM: _____

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: _____

USE ADDRESS
PRINTED
ON CHECK

Dear _____:

Your check number _____, dated _____, signed and cashed by you at our business, namely _____, located in _____, Accomack County, Virginia has been returned/refused because of insufficient funds or lack of credit in or with the bank against which the check is drawn.

Unless you have paid us the amount of the check plus the bad check fee of \$ _____ for a total of \$ _____ within five-(5) days after receipt of this notice, the authorities will be asked to proceed with such legal process against you as set forth in Virginia Code §18.2-181, §18.2-181.1, or §18.2-182.

Very truly yours,

(WRITER MUST MAKE AND KEEP AN EXACT COPY OF THIS LETTER)