

Sample Demand Letter

Victims of bad checks are required to make at least one attempt to notify a check writer to demand payment of a check that is returned because of insufficient funds. **This must be done by certified or registered mail so that the check writer's receipt of the letter can be proven in court. The check writer must then be given five (5) days from receipt of the notice to respond to the letter.** If, after that time, the matter has not been resolved, the check can be referred to the Check Enforcement Program. Checks marked "Account Closed" and "No Account" can be referred to the program without notifying the check writer.

The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Virginia statutes.

Note: Victims of dishonored checks must not make any threats of prosecution (written or oral) to enforce or enhance the collection or honoring of the check.

1 Be sure to date the letter.

2 You can vary this text, but the text of a demand letter should "substantially conform to" this wording.

You may require your usual, posted fee amount. When you submit a check to the Check Enforcement Program, we enforce a victim's service fee **3** in addition to the full amount of the check.

Keep a copy of the letter for your files.

If it is returned as undeliverable, you should enclose the undelivered letter or return receipt when you submit the check to the Check Enforcement Program.

Calling the Checkwriter

In the event you contact the check writer by phone, you should essentially give the same information as shown in this sample letter.

◆ *Of course you are free to discuss the matter with the check writer, but remember to avoid threats of prosecution.*

(Company Letterhead)

1 Date

Check writer
Address
City, State Zip

Re: Notice of Dishonored Check

2 You are hereby notified that check number (ck #), issued by you on (date of check) drawn upon (name of bank), and payable to (name of your business), has been dishonored.

3 You have five (5) days from the date you receive this notice to tender payment to the full amount of the check plus a fee of (\$ _____) to the undersigned at (business mailing address).

You are further notified that in the event the above amount is timely paid in full, you will not be subject to legal proceedings, civil or criminal.

Sincerely,

(Signed)
(Phone number)

Commonwealth's Attorney's Check Enforcement Program

We will do our best to make sure your dishonored check(s) are handled promptly and efficiently. If you have questions about the Program or any of the dishonored checks you have referred, contact us at the phone number or internet address below.

20 East Market Street | Leesburg, VA 20176-2085 | toll-free 1-888-347-4285 | www.hotchecks.net/loudoun