

Sample Demand Letter

Victims of worthless checks are required to make at least one attempt to notify a check writer to demand payment of a dishonored check.

This must be done by mail. The check writer must then be given fifteen (15) days to respond.

If, after that time, the matter has not been resolved, the check can be referred to the Check Enforcement Program. See the Program Guidelines for more details on referring a check. The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of Washington state statutes and the Prosecuting Attorney's Office. Be sure to date the letter.

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

Keep a copy of the letter for your files.

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

Calling the check writer:

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

(Company letterhead)

Check writer _____ Date _____
Address _____
City, State Zip _____

Re: Notice of Dishonored Check

A check drawn by you and made payable by you to _____ in the amount of \$ _____ has not been accepted for payment by (bank name), which is the drawee bank designated on your check. This check is dated _____, and is numbered, No. _____.

You are CAUTIONED that unless you pay the amount of this check within fifteen days after the date this letter is postmarked, you may very well have to pay the following additional amounts:

- 1) Costs of collecting the amount of the check, including an attorney's fee which will be set by the court;
- 2) Interest on the amount of the check which shall accrue at the rate of twelve percent per annum from the date of dishonor; and
- 3) Three hundred dollars or three times the face amount of the check, whichever is less, by award of the court.

You are CAUTIONED that law enforcement agencies may be provided with a copy of this notice of dishonor and the check drawn by you for the possibility of proceeding with criminal charges if you do not pay the amount of this check within fifteen days after the date this letter is postmarked.

You are to make payment to _____ at the following address:

Sincerely,

(Signed)

FOR MORE INFORMATION

If you have questions about the Program or any of the bad checks you have referred, call us toll free at **1-800-298-5240** or visit the Check Enforcement Program website for more information or to download forms:

www.hotchecks.net/Kitsap

Kitsap County Prosecuting Attorney's Check Enforcement Program

614 Division Street, MS-35 • Port Orchard, WA 98366-4681