

Sample Demand Letter

Victims of bad checks are required to make at least one attempt to notify a check writer, by mail, to demand payment of a check that is returned due to “Insufficient Funds,” “Non-Sufficient Funds.” **The check writer must 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 District Attorney’s Check Enforcement Program. See the Program Guidelines for more details on referring a check. Checks marked “Account Closed,” can be referred to the program without notifying the check writer.

The sample demand letter below is suitable to send the check writer. **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.

Be sure to date the letter.

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

You may require payment of any fees or charges imposed by your bank for the processing of the bad check. Please note that the Check Enforcement Program can only collect a victim’s fee of up to \$10 per check.

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 provide essentially 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 any threats of prosecution.

(Company letterhead)

[Check Writer’s Name]
[Address]
[City, State Zip]

[Date]

Re: Notice of Dishonored Check

You are hereby notified that a check, number _____, issued by you on *(date of check)*, drawn upon *(name of bank)*, and payable to *(your business)*, has been dishonored and returned without payment.

NOTICE: You have five (5) days from your receipt of this letter to make payment of the full amount of the check [plus any bank charges] at *(location of your business.)*.

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

Sincerely,

(Your signature)

FOR MORE INFORMATION

If you have questions about the Program or any of the dishonored checks you have referred, call us toll free at **1-888-240-6495**. You can also visit the Program’s web site: www.hotchecks.net/sandiego

**San Diego County District Attorney’s
Check Enforcement Program**

P.O. Box 129011, San Diego, CA 92112