

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 due to “Insufficient Funds,” “Non-Sufficient Funds,” or “Stop Payment” where there is no good faith dispute over goods and/or services between the merchant and the check writer. **The check writer should 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 Bad Check Restitution Program. Checks marked “Account Closed,” “No Account,” “Refer to Maker,” or “Unable to Locate” can be referred to the program without notifying the check writer.

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

Note: Victims of bad checks must not make any threats of prosecution – written or oral – to enforce or enhance the collections or honoring of the check.

Be sure to date the letter.

You can vary this text, but the text of a demand letter should 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 Bad Check Restitution Program can only collect a bank charge of up to \$10 per check.

Keep a copy of the letter for your files.

If the letter is returned as undeliverable, you should enclose the undelivered letter when you submit the check to the Bad Check Restitution 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 [bank name], 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 [business location].

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

Sincerely,

[Your signature]

FOR MORE INFORMATION

If you have any questions about the Program or any of the bad checks you have referred, please call us toll-free at (866) 668-4690 or e-mail us at DABadChecks@solanocounty.com. You can also visit the Program’s website for more information or to download forms: www.solanocounty.com/da/badchecks.

**The Solano County District Attorney’s
Bad Check Restitution Program
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