

Reimbursement for Non Sufficient Fund Check

Date: _____

Name: _____

Address: _____

City, State, Zip _____

Dear _____

I am in receipt of your check number _____, dated _____, in the amount of \$_____. The check has been presented to the bank for payment twice and each time it has been returned to me unpaid due to non sufficient funds.

I advise you that the Illinois Compiled Statutes, Chapter 720, Section 5/17-1a, establishes a civil liability for non sufficient fund checks. The statute provides as follows:

"A person who issues a check or order to a payee in violation of Section 5/17-1 (B)(d) and who fails to pay the amount of the check or order to the payee within 30 days following written demand delivered by certified mail to the persons last known address shall be liable to the payee or person subrogated to the rights of the payee for, in addition to the amount owing upon such check or order, damages of treble the amount so owing but in no case less than \$100.00 nor more than \$500.00 plus attorney fees and court cost."

This letter shall serve as written demand for payment. Therefore, you have 30 days to contact me at the address or phone number listed below and satisfy the amount owed on the non sufficient fund check.

If you do not satisfy your debt within 30 days, I will file a cause of action in small claims court or other appropriate court. You should be further advised that once a cause of action is filed the statute further provides:

"Prior to the hearing of any action under this Section, the defendant may tender to the plaintiff and the plaintiff shall accept as satisfaction of the claim, an amount of money equal to the sum of the check and the incurred court cost, service fees, and attorney fees.

I hope this matter can be resolved and settled within the 30 day period.

Sincerely,

Name: _____

Address _____

City, State, Zip _____

Phone: _____