

To: _____

STATUTORY NOTICE OF WORTHLESS CHECK

You are hereby notified that check number _____, in the face amount of \$ _____, issued by you on _____ and drawn upon _____, has been dishonored. Pursuant to Florida law, you have 15 days from the date of this notice to pay the full amount of the check plus a service charge of:

\$25.00, if the face amount does not exceed \$50.00

\$30.00, if the face value exceeds \$50.00 but does not exceed \$300.00, or

\$40.00, if the face value exceeds \$300.00 or an amount of up to 5 percent of the face amount of the check, which ever is greater.

The total amount due being \$ _____. Unless this is paid in full within 15 days, I will turn over the dishonored check and all other available information about this matter to the State Attorney for criminal prosecution.

You may also be liable in a civil action for a penalty of three times the amount of the check or a minimum of \$50.00, plus the amount of the check itself, a service charge, court costs, reasonable attorney fees, and bank fees, as provided in Florida Statute 68.065.

Personal checks will not be accepted. Repayment must be made by cashier's check, money order or cash. Make cashier's check or money order payable to: _____

Mail or deliver to: _____

If you want this dishonored check returned to you, you must enclose a self-addressed stamped envelope. Otherwise, your check will be destroyed.

By: _____

Signature of Owner, Employee, Agent, etc.

Date