

Name/Address _____

Dear _____:

Your check made payable to _____ **in the amount of**

(merchant)

\$ _____, **dated** _____, **drawn on the bank of**

(amount of check) (date of check)

_____, _____, **has been refused for payment**

(Name of Bank) (Town/State bank located)

by the drawee for the following reasons:

Insufficient Funds _____ **Account Closed** _____ **Other** _____

(reason)

If the above-described check is not redeemed in full within ten (10) days from the receipt of this letter, it will be turned over to the Bossier Parish District Attorney's Office

Sincerely,
