

# NOTICE LETTER

*Please type in form*

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Check Issuer/Passer)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

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## Please take notice, the check listed below has been DISHONORED

Instrument/Check Number: \_\_\_\_\_ Instrument/Check Date: \_\_\_\_\_

Originating Institution, Bank, or Other Drawee: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

Reason for Dishonor (marked on Instrument): \_\_\_\_\_

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**Pursuant to Michigan Compiled Laws 750.132:** Unless this amount is paid in full within **FIVE DAYS** from receipt of this notice the holder may assume you delivered the instrument **with the intent to defraud** and may turn over the dishonored instrument and all other available information relating to this incident to the police and prosecutor for prosecution.

Check Amount: \_\_\_\_\_ Returned Check Fee Amount: \_\_\_\_\_ Total Owed: \_\_\_\_\_

Victim Name or Business: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Victim Signature

\_\_\_\_\_  
Telephone Number