

DEMAND FOR PAYMENT OF DISHONORED CHECK

Date: _____

To: _____

Last Known Residence or Place of Business: _____

**WARNING: IF YOU DO NOT MAKE PAYMENT WITHIN 48 HOURS
AFTER THE DATE OF THIS NOTICE, A CRIMINAL COMPLAINT FOR
LARCENY BY CHECK MAY BE ISSUED AGAINST YOU.**

(M.G.L. Chap. 266, Sec. 37)

Your Check/Draft/Order in the amount of \$_____ has been dishonored by the bank or other depository upon which it has been drawn because:

_____ The maker had no account with such bank or depository.

_____ The maker had insufficient funds on deposit with such bank or depository.

If you do not make payment within 48 hours of the above date, a criminal complaint for larceny by check may be issued against you. If a judgement is rendered against you in court, it will include not only the original face amount of the Check/Draft/Order, but also additional liquidate damages of not less than one hundred dollars (\$100.00) nor more than five hundred dollars (\$500.00).

PLEASE MAKE PAYMENT IN THE AMOUNT OF \$_____ TO:

Name of Payee: _____

Address: _____

City, State and Zip Code: _____

Address to which payment should be delivered.