

NOTICE OF DISHONOR / DEMAND FOR PAYMENT

CERTIFIED MAIL - PERSONAL
RETURN RECEIPT REQUESTED

DATE MAILED _____

NAME _____

ADDRESS _____

YOU ARE HEREBY NOTIFIED THAT A CHECK OR INSTRUMENT,
NUMBERED _____ ISSUED BY YOU ON _____ (DATE) DRAWN
UPON _____ (NAME OF BANK) AND PAYABLE TO
_____, HAS BEEN DISHONORED.

PURSUANT TO SOUTH CAROLINA LAW, YOU HAVE TEN (10) DAYS FROM THE
DATE OF THIS NOTICE WAS MAILED TO TENDER PAYMENT FOR THE FULL
AMOUNT OF THE CHECK OR INSTRUMENT PLUS A SERVICE CHARGE OF \$30.00,
THE TOTAL AMOUNT DUE BEING _____ DOLLARS AND
_____ CENTS. UNLESS THIS AMOUNT IS PAID IN FULL WITHIN THE
SPECIFIED TIME ABOVE, THE HOLDER OF THE CHECK OR INSTRUMENT MAY
TURN OVER THE CHECK OR INSTRUMENT AND ALL AVAILABLE INFORMATION
RELATING TO THIS INCIDENT TO THE SOLICITOR OR OTHER APPROPRIATE
OFFICER FOR CRIMINAL PROSECUTION.

FUTHERMORE, IF PAYMENT IS NOT MADE WITHIN THIRTY (30) DAYS FORM
THE DATE THIS LETTER WAS MAILED, A CIVIL ACTION MAY BE BROUGHT
AGAINST YOU PERSUANT TO S.C. CODE & 34-11-75, FOR THE LESSER OF \$500
OR 3 TIMES THE AMOUNT OF THIS CHECK, PLUS COURT COSTS AND A
REASONABLE ATTORNEY'S FEE.

AMOUNT OF CHECK \$ _____ SIGNED _____

SERVICE CHARGE \$ _____ FOR _____

TOTAL:\$ _____ ADDRESS _____

NOTE: A COPY OF THIS LETTER SHALL BE SENT TO THE BANK UPON WHICH
THE CHECK IS DRAWN.