

NOTICE OF BAD CHECK

Sent pursuant to OCGA § 16-9-20 & OCGA § 13-6-15

Date: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

You are hereby notified that the following checks / instrument(s):

Number	Date	Amount	Name of Bank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

drawn upon _____ (name of bank)
and payable to _____ (exact name of your business,
etc.) (has) (have) been dishonored.

Pursuant to OCGA § 16-9-20, you have ten days from receipt of this notice to tender payment of the total amount of the instrument(s) plus the applicable service charge(s) of \$_____ (\$30.00 or 5% of the face amount of the check, whichever is greater), plus and any fee charged to the holder of the instrument(s) by a bank or financial institution as a result of the instrument(s) not being honored, the total amount due being _____ dollars and _____ cents. Unless this amount is paid in full within the specified time above, a presumption in law arises that you delivered the instrument(s) with the intent to defraud and the dishonored instrument(s) and all other available information relating to this incident may be submitted to the magistrate for the issuance of a criminal warrant or to the district attorney or solicitor for criminal prosecution.

In addition, pursuant to OCGA § 13-6-15, you have ten days from receipt of this notice to tender payment of the full amount of the check or instrument plus a service charge of \$30.00 or 5 percent of the face amount of the check or instrument, whichever is greater, plus and any fee charged to the holder of the instrument by a bank or financial institution as a result of the instrument not being honored, the total amount due being \$ _____. Unless this amount is paid in full within the ten-day period, the holder of the check or instrument may file a civil suit against you for two times the amount of the check or instrument, but in no case more than \$500.00, in addition to the payment of the check or instrument plus any court costs incurred by the payee in taking the action.

Govern Yourself Accordingly,

Name of Sender: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____