
Month Day Year

CERTIFIED MAIL RETURN
RECIEPT REQUEST

From: _____

To: _____ USE ADDRESS PRINTED ON CHECK

Dear _____,

Your check number _____, for the amount of _____, dated _____, signed and cashed by you at our business, namely _____, located in Onancock, Accomack County, Virginia has been returned / refused because of insufficient funds or lack of credit in or with the bank against which the check is drawn.

Unless you have paid us the amount of the check plus the bad check fee of \$ _____ for a total of \$ _____ within five days after receipt of this notice, the authorities will be asked to proceed with such legal process against you as set for in Virginia code 18.2-181, 18.2-181.1, or 18.2-182.

Very truly yours,

(WRITER MUST MAKE AND KEEP AN EXACT COPY OF THIS LETTER)