**Sample Demand Letter**

Victims of dishonored checks are required to make at least one attempt to notify a check writer to demand payment of a dishonored check that is returned because of Insufficient Funds or Non-sufficient Funds. **This must be done by regular mail. The check writer must then be given five (5) days to respond.** (If, after that time, the matter has not been resolved, the check can be referred to the Check Enforcement Program.) You may refer No Account or Closed Account checks to the Check Enforcement Program without notifying the check writer.

The sample demand letter below is suitable to send the check writer. The language of the letter conforms to the requirements of the Wisconsin Statutes.

**Note: Victims of dishonored checks must not make any threats of prosecution (written or oral) to enforce or enhance the collection or honoring of the check.**

Be sure to date the letter.

You can vary this text, but the text of a demand letter should “substantially conform to” this wording.

You may require the check writer to pay fee's allowable by law.

Keep a copy of the demand letter and enclose a copy of that letter the Check Enforcement Program.

If it is returned as undeliverable, you should enclose the undelivered letter when you submit the check to the Check Enforcement Program.

The Check Enforcement Program requires check writers to pay the victim a service fee to help offset the costs that are incurred as a result of the bad check - as well as the full amount of the check.

In the event you contact the check writer by phone, you should essentially give the same information as shown in this sample letter.

 Of course you are free to discuss the matter with the check writer, but remember to avoid threats of prosecution.

(Company letterhead)

Check writer Date

Address

City, State Zip

Re: Notice of Dishonored Check

You are hereby notified that a check, number \_\_\_\_\_\_, issued by you on *(date of check)*, drawn upon *(name of bank)*, and payable to *(your business)*, has been dishonored.

You have five days from the date of this notice to tender payment of the full amount of the check plus a fee of $ \_\_\_\_\_\_\_ to the undersigned at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You are further notified that in the event the above amount is timely paid in full, you will not be subject to legal proceedings, civil or criminal.

Sincerely,

(Signed)

# FOR MORE INFORMATION

If you have questions about the Program or any of the dishonored checks you have referred, call us toll free at **1-877-858-5903.** You may also contact the Program on the web at: **www.hotchecks.net/lacrosse.** We will do our best to make sure your dishonored check(s) are handled efficiently and promptly.

## La Crosse County District Attorney’s Check Enforcement Program

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