

**NOTICE OF DISHONORED CHECK
DEMAND FOR PAYMENT**
Form A: use for check(s) \$4999.99 or less; a Class 1 Misdemeanor

TO: _____ **DATE:** _____
Name of check issuer/writer

Street address

City, State, Zip

**PURSUANT TO ARS § 13-1807, THE CHECK OR INSTRUMENT SHOWN OR DESCRIBED BELOW, ISSUED
BY YOU HAS BEEN DISHONORED:**

Check No: _____ **Check date:** _____

Originating Institution, Bank or other Drawer: _____

Amount payable to: _____

Reason for dishonor (marked on instrument) _____

**PURSUANT TO ARS § 13-1808, YOU HAVE 12 CALENDAR DAYS FROM THE DATE OF THIS NOTICE TO
PAY OR TENDER TO THE HOLDER NAMED BELOW THE FULL AMOUNT OF THE CHECK OR
INSTRUMENT, TOGETHER WITH ALL REASONABLE COSTS, AND STATUTORY FEES.**

**PAYMENT MUST BE IN THE FORM OF A MONEY ORDER, CASHIER'S CHECK OR CASH. YOU ARE
HEREBY NOTIFIED THAT UNLESS THIS AMOUNT IS PAID IN FULL WITHIN THE TIME SPECIFIED, THE
HOLDER OF THE DISHONORED CHECK OR INSTRUMENT MAY TURN IT AND ALL OTHER AVAILABLE
INFORMATION RELATING TO THIS INCIDENT OVER TO THE PIMA COUNTY ATTORNEY'S OFFICE FOR
CRIMINAL PROSECUTION.**

Check Amount \$ _____

Fee Amount \$ _____

Total Owed \$ _____

Victim's signature: _____ **Telephone #:** (____) _____

Business Name: _____

Address: _____
