

**NOTICE OF DISHONORED CHECK  
DEMAND FOR PAYMENT**  
Form B: use for check(s) \$5000.00 or more; a Class 6 Felony

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 AND 13-1807(E), 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, INCLUDING  
ACCRUED INTEREST AT THE RATE OF 12% PER YEAR .

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 \$ \_\_\_\_\_ Accrued Interest \$ \_\_\_\_\_ at 12% per year

Fee Amount \$ \_\_\_\_\_

TOTAL OWED (CHECK + INTEREST + FEE) \$ \_\_\_\_\_

Victim's signature: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_