AFFIDAVIT OF MAILING
THE DEMAND FOR PAYMENT

_____
Your Name

_____
Street Address

_____
Street Address Line Two

_____
City, State, Zip

STATE OF ARIZONA)
) ss. AFFIDAVIT OF MAILING
County of Pima)

I, _____, being first duly sworn, depose and state that I
Name of Person who Mailed Demand for Payment

mailed, by regular first class mail, on the ____ day of _____, 20_____, a
Day ***Month*** ***Year***

Demand for Payment Notice, Form _____addressed as follows:
A or B

_____
Check Writer Name

_____
Street Address

_____
Street Address Line Two

_____
City, State, Zip

Dated this ____ day of _____, 20_____.
Day ***Month*** ***Year***

_____
Signature

_____
(Print Name)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____ _____
Notary Public **My Commission Expires**

Submit to: PCAO Bad Check Program, 32 N. Stone Ave., 2nd Fl., Tucson, AZ 85701. Questions: (520) 724-4100

Rev. 03/2019