

Insufficient Funds Letter

Your Name
_PTA/PTSA
[Street Address]
[City, ST ZIP Code]
[phone number]
[email]
[Date]

[Recipient Name]
[Title]
[Company Name]
[Street Address]
[City, ST ZIP Code]

Dear [Recipient Name]:

This is to inform you that the following check was returned to us due to insufficient funds:

Check number [number]

Dated [date]

Payable to [Name]

In the amount of \$[amount]

We request that you replace this check with a cash or money order payment immediately.

Unless we receive good funds for said amount within **[number]** days, we will begin appropriate legal action.

Thank you for your prompt attention to this matter.

Sincerely,

Your Name
[Title]

Certified mail, return receipt requested