

**NOTICE OF DISHONORED CHECK
DEMAND FOR PAYMENT**

**Form A: Use for check(s) less than \$5,000.00;
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: _____ Check Amount: _____

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 YOU RECEIVED
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 or CASHIER'S CHECK. 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 PINAL COUNTY ATTORNEY'S OFFICE
FOR CRIMINAL PROSECUTION.**

Check Amount \$ _____

**Returned Check
Fee Amount \$** _____

Total Owed \$ _____

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

Business Name: _____

Address: _____
