SAMPLE LETTER FOR MERCHANT ON STOP PAYMENT CHECK

Date:	<u></u>	
	(Check Signer's name)	
	(Address on check)	
	(City, State, Zip Code)	
	(Check number)	
	(Amount of check)	(Amount of check)
	(Date of check)	
Dear	(check writer's name),	
This is a	demand for payment in full for	r a check or order not paid because of a stop
payment order.	If you fail to make payment in	full within 10 days after the date of receipt of
this notice, the f	failure to pay creates a presump	tion for committing an offense, and this matter
may be referred	to the District Attorney's office	for criminal prosecution.
Since this	s check was not paid because of	a stop payment order, you have the option of
either paying th	e check or returning the merch	andise within 10 days of receipt of this notice.
The failure to ϵ	either return the merchandise	or make restitution for the check creates a
presumption fo	r committing an offense, and	this matter may be referred to the District
Attorney's office	e for criminal prosecution.	
·	Since	erely,
	(You	r name)