NOTICE AND DEMAND REGARDING DISHONORED CHECK – STOP PAYMENT

TO: Resident(s) _____

Street Address: _____ , Unit # _____

City: _____ , CA Zip Code:_____

The undersigned, hereby gives notice and demands as follows;

The check (draft or order) dated:_____ for the sum of $_____

_____ dollars

payable to:_____ was not honored (not paid).
(Bank, Depository, Person, Firm or Corporation)

The check was not paid because you stopped payment, and the payee demands payment. You may have a good faith dispute as to whether you owe the full amount. If you do not have a good faith dispute with the payee and fail to pay the payee the full amount of the check in cash within thirty (30) days after this Notice was mailed, you could be sued and help responsible to pay at least all of the following:

(1) The amount of the check.
(2) Damages of at least $100 or, if higher, three times the amount of the check up to $1500.
(3) The cost of mailing this Notice.

If the court determines that you do have a good faith dispute with the payee, you will not have to pay the damages and mailing cost mentioned above. If you stopped payment because you have a good faith dispute with the payee, you should try to work out your dispute with the payee. You can contact the payee at:

Name of Payee:_____

Street Address: _____ , CA Zip Code:_____

Phone Number: _____

You may wish to contact a lawyer to discuss your legal rights and responsibilities.

As required by law, you are hereby notified that a negative credit report reflecting on your credit history may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations (CC1785.26(c)(2)).

_____ _____
Owner/Agent Date