

**TEN DAY NOTICE**

DATE:

TO:

Your check number \_\_\_\_\_ payable to \_\_\_\_\_  
dated \_\_\_\_\_ in the amount of \$\_\_\_\_\_ and drawn on the Bank of  
\_\_\_\_\_, City of  
\_\_\_\_\_, State of \_\_\_\_\_, has been refused  
payment by the drawee bank for the following reason:

- Insufficient Funds       Account Closed  
 No Account               Unable to Locate

If the above-described check is not redeemed in full within ten (10) days from the receipt of this letter, it will be referred to the Plaquemines Parish District Attorney's Office for prosecution.

Yours truly,

\_\_\_\_\_

Certified Mail No. \_\_\_\_\_  
Return Receipt Requested