NOTICE OF DISHONOR

Date:			
Checkwriter:			
Address:			
City, State, Zip:			
Dear Mr./Mrs		:	
insufficient funds or clos	ed account. If you for notice, the failure to	fail to make payment in pay creates a presumpt	d because of a lack of funds, full within ten (10) days after ion of committing an offense, de Sec. 31.06 (b) ((3)).
check(s) and a \$30 merc	hant fee for each chain ten (10) days of	eck, authorized by the your receipt of this lette	ent of the full amount of the Texas Business & Commerce r. Payment must be made by the mail.
The total amount owed follows:	including merchant	fee is \$, and is itemized as
Check No.	Amount	Merchant Fee	
		\$30.00	
Please send or deliver t			
within ten (10) days of yo	our receipt of this le	tter.	
Attorney's Office, and pa	ayments from you v	will not be accepted. If	l be delivered to the County the County Attorney's Office check, a merchant fee, and a
		(Name of Merchant)	