

# Sample "Stop Payment" Demand Letter

Send certified mail, with "Restricted Delivery" return receipt requested.

Date: \_\_\_\_\_ (write date here)

\_\_\_\_\_ (write name of person who wrote the check here)

\_\_\_\_\_ (write address of check writer here)

Dear \_\_\_\_\_: (write name of person who wrote the check here)

\_\_\_\_\_ (write your/payee's name here) is the payee of a check you wrote for \$ \_\_\_\_\_  
on \_\_\_\_\_ (write amount of check and check date here).

The check was not paid because you stopped payment, and I demand payment. You may have a good faith dispute about whether you owe the full amount. If you do not have a good faith dispute with me and fail to pay (1) the full amount of the check in cash, (2) a bank service charge of an amount not to exceed \$25 for the first check written for which payment was stopped and an amount not to exceed \$35 for each subsequent check written and then stopped before payment, and (3) the costs to mail this letter, within 30 days after this letter was mailed, you could be sued and held responsible to pay at least both of the following:

1. The amount of the check; and
2. Damages of at least \$100 or, if higher, three times the amount of the check up to \$1,500.

If the court determines that you do have a good faith dispute with me, you won't have to pay the service charge, triple damages, or mailing cost. If you stopped payment because you have a good faith dispute with me, you should try to work out your dispute with me. You can contact me at: \_\_\_\_\_ (write your name here)

\_\_\_\_\_ (write your street address, city, state, and phone number here)

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

\_\_\_\_\_ (sign your name)