

RETURNED ITEM FEE STATEMENT

Statement No: _____

Date: _____

Due Date: _____

BILL TO

ORIGINAL TRANSACTION REFERENCE

Return Date	Item / Reference No.	Reason for Return (NSF)	Amount
	Returned Item Fee (Non-Sufficient Funds)	Standard NSF Administrative Charge	

Subtotal:

Total Due:

NOTICE & TERMS

This statement has been issued following the notification from our financial institution regarding non-sufficient funds (NSF) for the transaction referenced above. Please arrange for immediate payment of the total due to clear this outstanding balance. Payment can be made via certified check, bank draft, or secure electronic transfer.

Authorized Representative Signature

Date