

**NSF FEE INVOICE**

Invoice No.	
Date	
Due Date	

**BILL TO**

Customer Name:

Address:

City, State, Zip:

Phone/Email:

**ORIGINAL PAYMENT REFERENCE**

Original Inv No:

Payment Date:

Payment Method:

Check / Ref No:

DESCRIPTION OF SERVICE / FEE	QTY	UNIT PRICE	AMOUNT
Non-Sufficient Funds (NSF) Fee / Returned Payment Charge			

Subtotal	
Tax / Additional Charges	
Total Balance Due	

Authorized Signature

Date

**Terms and Conditions:**

This invoice has been issued due to a dishonored or returned payment transaction. Please replace the returned payment amount plus this fee immediately to avoid service interruption or further legal collections.

Payment methods accepted for clearing NSF balances: Certified Check, Cashier's Check, or Credit Card.