

<Today>

<payer_name>
<payer_address1 >
<payer_address2>
<payer_address3>
<payer_city> <payer_state> <payer_zip>

We received notification that your check, number <u_check_no> was returned by your bank for insufficient funds. To avoid any further action, remit payment within 10 days of this letter with the enclosed voucher in the postage paid envelope provided.

If you have any questions you may contact us toll free at <region_800>. Please leave your name and phone number, including area code, and indicate you are calling regarding the MAWD Program. A representative will return your call.

Sincerely,

<user_name>
MAWD Program Representative

R01 10/10