_____

DEMAND FOR PAYMENT

My records show that the following amount is past due and has not been paid:

DESCRIPTION	DUE DATE	AMOUNT

Total due _____

Please pay the total due by _____.

If you believe this amount is wrong, or you would like to arrange to pay it in parts, please contact me before the date above. If you have already paid, please let me know so I can check my records.

Sincerely,

_____

Signature

_____

_____

RECORD OF DELIVERY (FILLED IN BY THE PERSON WHO DELIVERS IT)

☐ Handed to the recipient ☐ Left at the recipient's address ☐ Sent by first-class mail

☐ Sent by certified mail ☐ Sent by email or text

Date delivered _____ Delivered by _____ Signature _____