S T A T E O F N E W Y O R K

7521

2011-2012 Regular Sessions

I N A S S E M B L Y

May 10, 2011

Introduced by M. of A. McKEVITT -- read once and referred to the Committee on Judiciary

AN ACT to amend the general obligations law, in relation to written demands for payment

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Subdivision 8 of section 11-104 of the general obligations law, as added by chapter 921 of the laws of 1985, is amended to read as follows:

8. The written demands for payment required by subdivision seven of this section, shall be in the following form and shall be printed in at least ten point type in [both] EITHER the English [and] OR Spanish [languages] LANGUAGE, WHICHEVER IS DETERMINED, UPON AFFIDAVIT, TO BE THE PRIMARY LANGUAGE SPOKEN BY THE DRAWER:

DEMAND FOR PAYMENT OF DISHONORED CHECK

DATE: 1ST NOTICE

2ND AND FINAL NOTICE

TO: _____ WARNING: YOU MAY BE

NAME OF DRAWER SUED 30 DAYS AFTER

_____ THE DATE OF THIS

_____ NOTICE IF YOU DO

_____ NOT MAKE PAYMENT

LAST KNOWN RESIDENCE ADDRESS

OR PLACE OF BUSINESS

YOUR CHECK IN THE AMOUNT OF $_____DATED_____

PAYABLE TO THE ORDER OF_____HAS BEEN DISHONORED BY THE BANK UPON WHICH IT WAS DRAWN, BECAUSE:

_____YOU HAD NO ACCOUNT WITH THAT BANK.

_____YOU HAD INSUFFICIENT FUNDS ON DEPOSIT WITH THAT BANK.

IF YOU DO NOT MAKE PAYMENT, YOU MAY BE SUED UNDER SECTION 11-104 OF THE GENERAL OBLIGATIONS LAW TO RECOVER PAYMENT. IF A JUDGMENT IS

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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RENDERED AGAINST YOU IN COURT, IT MAY INCLUDE NOT ONLY THE ORIGINAL FACE AMOUNT OF THE CHECK, BUT ALSO ADDITIONAL LIQUIDATED DAMAGES, AS FOLLOWS:

-- IF YOU HAD NO ACCOUNT WITH THE BANK UPON WHICH THE CHECK WAS DRAWN, AN ADDITIONAL SUM WHICH MAY BE EQUIVALENT TO TWICE THE FACE AMOUNT OF THE CHECK OR SEVEN HUNDRED FIFTY DOLLARS, WHICHEVER IS LESS; OR

-- IF YOU HAD INSUFFICIENT FUNDS ON DEPOSIT WITH THE BANK UPON WHICH THE CHECK WAS DRAWN, AN ADDITIONAL SUM WHICH MAY BE EQUIVALENT TO TWICE THE FACE AMOUNT OF THE CHECK OR FOUR HUNDRED DOLLARS, WHICHEVER IS LESS.

PLEASE MAKE PAYMENT IN THE AMOUNT OF_____TO:

_____

NAME OF PAYEE

_____

_____

_____

ADDRESS TO WHICH PAYMENT SHOULD BE DELIVERED

IF YOU DISPUTE ANY OF THE FACTS LISTED ABOVE, CONTACT THE PAYEE IMMEDIATELY.

S 2. This act shall take effect immediately.