

**Reporting Address**

**Date**

State Bar of Arizona  
Attn: Manuel Espinoza, Trust Account Examiner  
4201 N. 24th Street, Suite 200  
Phoenix, AZ 85016-6288

Re: **Name of Trust Account and Trust Account #**

To Whom It May Concern:

The above Trust Account balance was insufficient for payment on **Date**. Enclosed is the documentation for this account.

If you have any questions, please feel free to contact me at **Phone Number**.

Sincerely,  
**Contact Person**

Enclosures

**Bank Information**

**Trust Account Owner Address**

Notice of Insufficient Funds

Account Number: #####

<b>Amount</b>	<b>Check Number</b>	<b>Returned Paid</b>	<b>Unavailable Paid</b>	<b>Insufficient</b>

The items listed above were presented for payment this date against insufficient funds. Only those items marked in the Returned column were returned unpaid. Your account balance should be reduced by a fee of **Amount**.

Your closing balance at the end of **Date** was **Amount**.

This account may be subject to an extended overdraft fee when the account balance becomes negative. Please refer to your account rules and regulations for details.