

DATE: [Current Date]

TO:

[Borrower Name]

[Borrower Address]

[City, State, Zip Code]

RE: NOTICE OF RIGHT TO CURE DEFAULT

Account Number: [Account Number]

Total Amount Past Due: \$[Amount]

Dear [Borrower Name],

You are currently in default on your agreement with [Lender Name] dated [Date of Agreement]. This default has occurred because you have failed to make the required payments as scheduled.

YOUR RIGHT TO CURE:

You have the right to correct this default and reinstate your account. To do so, you must pay the total past due amount of **\$[Amount]** on or before **[Deadline Date]**.

Payment should be sent to:

[Company Name]

[Payment Address]

[City, State, Zip Code]

If you pay the full amount by the date listed above, your account will be considered current, and you may continue with the terms of your original agreement as if the default never occurred.

FAILURE TO CURE:

If you do not pay the full amount by [Deadline Date], we intend to exercise our legal rights. This may include:

- Acceleration of the entire remaining balance of the loan.
- Repossession of the collateral (if applicable).
- Legal action to collect the debt.
- Reporting the default to credit bureaus.

If you have any questions or if you believe there is an error regarding this account, please contact us immediately at [Phone Number].

Sincerely,

[Name/Signature]

[Title]

[Company Name]