

[Sender's Name/Financial Institution Name]  
[Department Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Borrower's Name]  
[Borrower's Street Address]  
[City, State, Zip Code]

**RE: NOTICE OF RIGHT TO CURE DEFAULT**  
Account Number: [Last 4 digits of Account Number]

Dear [Borrower's Name],

This is an official notice regarding your [Credit Card Name] account. You are currently in default for failing to make the required periodic payments as agreed upon in your Cardmember Agreement.

**Status of Your Account:**

- Date of Default: [Date]
- Total Amount Currently Past Due: \$[Amount]
- Late Fees and Charges: \$[Amount]
- **Total Amount Required to Cure: \$[Total Amount]**

**Right to Cure:**

You have the right to cure this default by paying the "Total Amount Required to Cure" listed above. This payment must be received by our office no later than [Deadline Date, e.g., 20-30 days from date of letter].

**Consequences of Non-Payment:**

If we do not receive the full amount by the date specified above, we may exercise our rights under the law and your agreement, which may include:

- Permanent closure or suspension of your credit account.
- Acceleration of the full balance, making the entire amount due immediately.
- Reporting this delinquency to national credit reporting agencies.
- Referral of your account to a collection agency or legal counsel.

**How to Make Payment:**

Payments can be made via [Online Website], by phone at [Phone Number], or by mailing a check using the enclosed envelope.

If you have already sent your payment or if you are experiencing financial hardship, please contact us immediately at [Customer Service Number] to discuss available repayment options.

Sincerely,

[Signature/Name of Representative]

[Title]

[Financial Institution Name]