

Date: [Insert Date]

Recipient Name: [Insert Debtor Name]

Address: [Insert Address]

Account Number: [Insert Account Number]

Subject: Conditional Approval for Debt Clearance

Dear [Insert Debtor Name],

We are writing to formally notify you that your application for debt clearance regarding the outstanding balance of \$[Insert Total Amount] has been **conditionally approved**.

Final approval and the official release of liability are subject to the fulfillment of the following conditions:

- **Payment Amount:** A total payment of \$[Insert Settlement Amount] must be received.
- **Deadline:** This payment must be cleared no later than [Insert Expiration Date].
- **Payment Method:** Payments must be made via [Insert Accepted Payment Method].
- **Documentation:** [Insert any additional requirements, e.g., signed settlement agreement].

Upon successful verification of the payment and completion of the conditions listed above, we will issue a final "Debt Clearance Certificate" and update your account status to "Paid in Full" or "Settled."

Please note that if the conditions are not met by the specified date, this conditional approval will be void, and the full original balance will remain due immediately.

If you have any questions, please contact our billing department at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]