

**DATE:** [Insert Date]

**SENT VIA:** [Certified Mail, Return Receipt Requested / First Class Mail]

**TO:**

[Borrower Name]

[Property Address]

[City, State, Zip Code]

**RE: NOTICE OF ACCELERATION AND DEMAND FOR PAYMENT**

Loan Number: [Insert Loan Number]

Property Address: [Insert Property Address]

Dear [Borrower Name],

This letter serves as formal notice that you are in default of your Mortgage/Deed of Trust dated [Date of Original Loan] for the property located at the address listed above. As previously stated in the Notice of Default dated [Date of Default Notice], you have failed to cure the delinquency within the allotted timeframe.

**ACCELERATION OF LOAN:**

Due to your failure to cure the default, [Lender Name] hereby exercises its option to **ACCELERATE** the balance of your loan. This means the entire unpaid principal balance, along with all accrued interest, late charges, and legal fees, is now due and payable in full immediately.

**DEMAND FOR PAYMENT:**

The total amount required to pay off your loan in full as of [Date] is: **[\$Total Amount]**.

This total is broken down as follows:

- Principal Balance: **[\$Amount]**
- Interest: **[\$Amount]**
- Late Charges/Fees: **[\$Amount]**
- Legal/Corporate Advances: **[\$Amount]**

**CONSEQUENCE OF NON-PAYMENT:**

If the full amount stated above is not received by [Deadline Date], [Lender Name] will proceed with the foreclosure process to sell the property at a public auction to satisfy the debt. Once foreclosure proceedings commence, additional legal costs and fees will be added to your account balance.

**RIGHT TO REINSTATE:**

You may still have the right to reinstate your loan after acceleration and before the foreclosure sale by paying all past due installments, late charges, and expenses incurred by the lender,

depending on the terms of your loan documents and state law. Please contact our office immediately if you wish to request a reinstatement quote.

Please send all certified funds (cashier's check or money order) to the following address:

[Lender/Servicer Name]  
[Payment Processing Address]  
[City, State, Zip Code]

If you have questions, you may contact our Loss Mitigation Department at [Phone Number].

Sincerely,

[Your Name/Authorized Representative]  
[Title]  
[Lender/Company Name]

*This is an attempt to collect a debt, and any information obtained will be used for that purpose.*