

[Date]

[Consumer Name]

[Street Address]

[City, State, Zip Code]

RE: Payment Plan Confirmation

Account Number: [Account Number]

Total Outstanding Balance: \$[Amount]

Dear [Consumer Name],

This letter serves as formal confirmation of the payment plan agreement reached on [Date] regarding the above-referenced collection account.

As agreed, [Company Name] will accept monthly payments according to the following schedule:

- **Monthly Payment Amount:** \$[Amount]
- **Payment Start Date:** [Date]
- **Due Date:** [Day of the month] of each month
- **Number of Installments:** [Number]

Payments can be made via [Payment Method: e.g., Online Portal, Phone, or Mail]. Please ensure that your Account Number is included with every payment to ensure proper credit.

By adhering to this payment schedule, [Company Name] agrees to suspend further collection activities on this account. However, failure to make a payment by the agreed-upon date may result in the cancellation of this plan and the resumption of standard collection procedures for the full remaining balance.

Once the final payment is received and cleared, the account will be considered "Paid in Full" or "Paid in Full for Less Than Full Balance" as per our agreement.

If you have any questions, please contact our office at [Phone Number] during business hours.

Sincerely,

[Agent Name/Department]

[Company Name]

[Company Phone Number]

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