

[Your Name/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

[Date]

[Debtor Name]
[Debtor Address Line 1]
[Debtor Address Line 2]
[City, State, Zip Code]

Re: Confirmation of Bi-Weekly Payment Schedule

Account Number: [Account Number]
Total Outstanding Balance: \$[Amount]

Dear [Debtor Name],

This letter serves as formal confirmation of the bi-weekly payment arrangement agreed upon on [Date Agreement Was Made] regarding your outstanding balance with [Your Name/Company Name].

As per our agreement, you have committed to making payments according to the following schedule:

- **Payment Amount:** \$[Amount]
- **Frequency:** Every two weeks (Bi-weekly)
- **Start Date:** [Date of First Payment]
- **Method of Payment:** [e.g., Bank Transfer, Check, Credit Card]

Please ensure that funds are available or that payments are sent so they are received by every other [Day of the week, e.g., Friday] beginning on the start date mentioned above. Failure to adhere to this schedule may result in the cancellation of this agreement and further collection actions.

Once the total balance of \$[Amount] is paid in full, your account will be marked as settled.

If you have any questions regarding this schedule, please contact us immediately at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]