

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

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

Dear [Customer Name],

This letter serves as formal confirmation of the monthly payment plan agreement we have reached regarding your delinquent account. We appreciate your commitment to resolving this balance.

As agreed, the terms of your payment plan are as follows:

- **Monthly Payment Amount:** \$[Amount]
- **Payment Due Date:** [Day of the month, e.g., 15th] of each month
- **Start Date:** [Date of First Payment]
- **Number of Installments:** [Total number of months]

Please make your payments via [Payment Method: e.g., Check, Online Portal, Autodebit].

By adhering to this schedule, no further collection actions will be taken against your account. Please note that failure to make a payment by the agreed-upon date may result in the cancellation of this plan and the immediate demand for the full remaining balance.

If you have any questions or if your financial situation changes, please contact our billing department immediately at [Phone Number].

Thank you for your cooperation.

Sincerely,

[Your Name/Department Name]
[Company Name]