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

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

RE: Confirmation of Escalating Payment Plan - Account #[Account Number]

Dear [Customer Name],

This letter serves as formal confirmation of the escalating payment plan agreed upon regarding your outstanding balance of $[Total Balance Amount].

According to our agreement, your payments will increase over time as follows:

- **Step 1:** $[Amount] due on [Date]
- **Step 2:** $[Amount] due on [Date]
- **Step 3:** $[Amount] due on [Date]
- **Ongoing:** $[Final Increment Amount] per [Month/Week] until the balance is paid in full.

Please ensure that all payments are received by the specified due dates to maintain your account in good standing. Failure to adhere to this schedule may result in the cancellation of this plan and further collection actions.

Payments can be made via [Payment Method: Online Portal, Bank Transfer, Check, etc.].

If you have any questions or experience circumstances that may prevent a timely payment, please contact our billing department immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Title]