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

[Date]

[Creditor Name]
[Department Name]
[Creditor Address]
[City, State, Zip Code]

Re: Acceptance of Graduated Debt Recovery Plan for Account Number: [Your Account Number]

Dear [Contact Person Name or Collections Department],

I am writing to formally accept the Graduated Debt Recovery Plan offered to me on [Date Offer Received] regarding the outstanding balance on the above-referenced account.

I agree to the terms of the graduated payment schedule as follows:

- **Phase 1:** [Amount] per month starting on [Date] for a period of [Number] months.
- **Phase 2:** [Amount] per month starting on [Date] for a period of [Number] months.
- **Phase 3:** [Amount] per month starting on [Date] until the total balance of [Total Debt Amount] is paid in full.

I understand that by adhering to this schedule, [Creditor Name] agrees to [mention any waived fees or interest freezes if applicable]. I will ensure that payments are made on or before the due dates specified.

Please send a written confirmation or a signed copy of the agreement for my records. I appreciate your willingness to work with me to resolve this debt.

Sincerely,

[Your Signature]

[Your Printed Name]