

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

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

Re: Account Number: [Account Number]

Dear [Customer Name],

This letter confirms that we have approved your request for a Seasonal Payment Plan to accommodate your irregular income schedule. This plan is designed to adjust your payment amounts based on your peak and off-peak earning seasons.

Your payment schedule is outlined below:

High-Season Payments:

Months: [List Months, e.g., May - September]
Payment Amount: \$[Amount]

Low-Season Payments:

Months: [List Months, e.g., October - April]
Payment Amount: \$[Amount]

Terms and Conditions:

- Payments are due on the [Day] of each month.
- The total duration of this plan is [Number] months, ending on [End Date].
- Interest will continue to accrue at a rate of [Percentage]%.
- If a payment is missed, this special arrangement may be cancelled.

Please sign and return a copy of this letter to confirm your agreement with these terms. If you have any questions, please contact our billing department at [Phone Number].

Sincerely,

[Name]
[Title]
[Company Name]

Customer Acknowledgment:

Signature: _____ Date: _____