

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Date]

To: [Debtor Name/Insurance Company]

Address: [Address Line 1]

City, State, Zip: [City, State, Zip]

Attn: [Contact Person/Adjuster Name]

RE: FINAL DEMAND FOR PAYMENT - UNFULFILLED SETTLEMENT AGREEMENT

Claim/Reference Number: [Number]

Settlement Date: [Date of Agreement]

Settlement Amount: \$[Amount]

Dear [Contact Person Name],

This letter serves as a formal final demand for payment regarding the settlement agreement reached on [Date of Agreement].

To date, [Settlement Amount] remains unpaid. Under the terms of our agreement, payment was due on or before [Due Date]. Despite previous reminders, you have failed to fulfill your contractual obligation to remit the agreed-upon funds.

Please be advised that if the full amount of \$[Amount] is not received by our office by [Deadline Date, e.g., 5:00 PM on Friday, Month Day], we will immediately terminate further collection efforts and initiate formal litigation to enforce the agreement.

In the event of a lawsuit, we will seek the full settlement amount, plus accrued interest, court costs, and reasonable attorney fees as permitted by law.

Please remit payment immediately to the following address:

[Your Name or Firm Name]

[Mailing Address]

[City, State, Zip]

Govern yourself accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]