

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

[Date]

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

Subject: Request for Payment - Account #[Account Number]

Dear [Recipient Name],

This letter is to formally request payment for outstanding balances regarding [Description of Services/Invoice Number]. The total amount currently due is **#[Amount]**.

To ensure timely processing and account reconciliation, we require that payment be made via **Certified Funds** (Cashier's Check or Money Order) or **Credit Card**. Please note that personal checks will not be accepted at this time.

Payment Options:

1. Certified Funds:

Please make checks payable to "[Agency Name]" and mail them to the address listed at the top of this letter.

2. Credit Card:

To pay by credit card, please visit our secure portal at [URL] or call our office at [Phone Number] to process the transaction over the phone. We accept Visa, MasterCard, American Express, and Discover.

Please submit your payment by [Due Date] to avoid [Late Fees/Service Interruption/Legal Action].

If you have already sent your payment or have questions regarding this balance, please contact our billing department immediately.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]