

Date: [Insert Date]

To:

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

From:

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

RE: NOTICE TO CURE DEFAULT - PAYMENT PLAN

Dear [Debtor Name],

This letter serves as formal notice that you are in default of the payment plan agreement dated [Date of Agreement] regarding the outstanding balance for [Account Number/Description of Debt].

As of the date of this letter, your account is past due in the amount of \$[Amount Past Due]. This total represents the following missed payment(s):

- [Payment Due Date]: \$[Amount]
- [Payment Due Date]: \$[Amount]

Under the terms of our agreement, you are required to cure this default immediately. Please remit the total past due amount of \$[Total Past Due Amount] no later than [Deadline Date, e.g., 7 days from date of letter].

Payments can be made via [Method of Payment: Check, Credit Card, Online Portal, etc.].

Failure to cure this default by the deadline stated above may result in the following actions:

- Cancellation of the payment plan agreement.
- The entire remaining balance of \$[Total Balance Remaining] becoming due immediately.
- Commencement of legal action to recover the full debt.
- Reporting of the delinquency to credit bureaus.

If you have already sent this payment, please disregard this notice. If you are experiencing financial hardship and wish to discuss alternative arrangements, please contact us immediately at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]