

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

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

Re: Reduced Balance Payment Plan Offer for Account #[Account Number]

Dear [Recipient Name],

As of [Current Date], our records indicate that your account carries an outstanding balance of \$[Total Balance Amount]. We understand that financial situations can change, and we would like to help you resolve this debt.

We are pleased to offer you a **Reduced Balance Payment Plan**. Under this offer, we will accept a total settlement of \$[Reduced Amount] to satisfy your debt in full, provided you adhere to the following payment schedule:

- **Initial Payment:** \$[Amount] due by [Date]
- **Monthly Installment:** \$[Amount] due on the [Day] of each month
- **Number of Payments:** [Number] months

Upon successful completion of all payments listed above, the remaining balance of \$[Remaining Forgiven Amount] will be forgiven, and your account will be marked as "Paid in Full" or "Settled in Full."

To accept this offer, please sign the bottom of this letter and return it to us by [Deadline Date]. Failure to make payments on time will void this agreement, and the full original balance will become due immediately.

If you have any questions, please contact our office at [Phone Number].

Sincerely,

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

Acceptance of Offer:

I, [Recipient Name], agree to the terms of the Reduced Balance Payment Plan as outlined above.

Signature: _____ Date: _____