NOTICE OF RIGHT TO CURE DEFAULT

Date: [Insert Date]

To: [Debtor Name]
[Address Line 1]
[Address Line 2]

RE: Settlement Agreement dated [Date of Agreement] regarding [Case Number/Account Number]

Dear [Debtor Name],

You are hereby notified that you are in default of the Settlement Agreement referenced above. You have failed to make the payment(s) as required under the agreed-upon schedule.

Default Details:

- Missed Payment Date: [Date]
- Amount Overdue: $[Amount]
- Late Fees (if applicable): $[Amount]
- **Total Amount Required to Cure: $[Total Amount]**

Pursuant to the terms of the Settlement Agreement, you have the right to cure this default. To exercise this right, you must deliver the Total Amount Required to Cure to our office no later than [Insert Deadline Date/Number of Days].

Payment should be made via [Payment Method: e.g., Certified Check, Wire Transfer] to the following address:

[Payee Name/Law Firm]
[Payment Address]
[City, State, Zip]

Failure to cure this default by the deadline stated above will result in the immediate termination of the settlement terms. At that time, we may exercise all available legal remedies, which may include [Option: entering a confession of judgment / seeking the full original balance / resuming litigation] without further notice to you.

Please contact [Contact Name] at [Phone Number] or [Email Address] immediately if you have any questions regarding this notice.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Company]