

Structured Payment Plan Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, ZIP]

Dear [Recipient's Name],

We are writing to confirm the structured payment plan for the financial assistance provided to you. This plan outlines the terms and conditions regarding the repayment of assistance received.

Payment Plan Details

- Total Amount of Financial Assistance: \$[Insert Amount]
- Initial Payment Due: \$[Insert Amount] by [Insert Due Date]
- Subsequent Payments: \$[Insert Amount] on [Insert Frequency, e.g., monthly, bi-weekly]
- Total Number of Payments: [Insert Number]
- Final Payment Due: \$[Insert Amount] by [Insert Final Due Date]

Please ensure that all payments are made by the respective due dates. In case of any issues or if you need to discuss your situation, do not hesitate to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Address]

[City, State, ZIP]

[Your Contact Information]