Agreement of Shared Debt Liabilities

Debt Details:

- Total Debt Amount: [Insert Amount]
- Debt Type: [e.g., Loan, Credit Card, etc.]
- Account Number: [Insert Account Number]

Agreed Terms:

- Each party will be responsible for [Insert Percentage/Amount] of the total debt.
- Payments will be made on the [Insert Due Date] of each month.
- Any additional fees or penalties incurred will be shared equally between both parties

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Both parties agree to maintain open communication and provide updates related to debt repayment to ensure transparency throughout this process. We acknowledge that this agreeme can be revisited, should any circumstance necessitate a review.
Please sign below to indicate your acceptance of these terms:
[Your Name] [Your Signature]
[Recipient's Name] [Recipient's Signature]

If you have any questions or wish to discuss this further, feel free to reach out at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip]
[Your Contact Information]