

Proxy-Managed Debt Payment Agreement

Date: [Insert Date]

From: [Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

To: [Proxy Manager's Name]
[Proxy Manager's Address]
[City, State, Zip Code]

Dear [Proxy Manager's Name],

This letter serves as an agreement regarding the management of my debt payments on a proxy basis. I hereby authorize you to act on my behalf in making the necessary debt payments to the following creditors:

- [Creditor Name 1] - [Account Number]
- [Creditor Name 2] - [Account Number]
- [Creditor Name 3] - [Account Number]

You are authorized to use funds from my account [Insert Account Details or Bank Name] for these payments.

This agreement will remain effective until [Insert End Date] or until I provide written notice to terminate it.

Thank you for your attention to this matter. Please confirm your acceptance of this agreement by signing below.

Best regards,
[Your Signature]
[Your Printed Name]

Accepted by:
[Proxy Manager's Signature]
[Proxy Manager's Printed Name]