

Debt Remission Subscription Agreement

Date: [Insert Date]

To: [Insert Name of Educational Institution]

Address: [Insert Address]

Dear [Insert Name/Title],

We, [Insert Your Organization Name], are pleased to extend to you this Debt Remission Subscription Agreement regarding the outstanding debts owed by your institution for the educational services rendered.

Agreement Terms:

1. **Amount of Debt:** [Insert Amount]
2. **Remission Percentage:** [Insert Percentage]
3. **Effective Date:** [Insert Effective Date]
4. **Conditions:**
 - [Insert Condition 1]
 - [Insert Condition 2]

Please review the terms outlined above, and if you agree to the remission, please sign and return a copy of this agreement by [Insert Return Date].

Thank you for your attention to this matter. We look forward to your favorable reply.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Contact Information]