

# Confirmation of Reinstated Payment Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm the reinstatement of your payment agreement regarding account number [Account Number]. As discussed, the terms are as follows:

- Monthly Payment Amount: \$[Amount]
- Payment Due Date: [Due Date]
- Start Date of Agreement: [Start Date]

We appreciate your cooperation and commitment to make timely payments. If you have any questions or need further assistance, please do not hesitate to reach out to us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Company Contact Information]