

Payment Plan Agreement

Date: [Insert Date]

Account Holder: [Insert Account Holder Name]

Account Number: [Insert Account Number]

Credit Card Issuer: [Insert Issuer Name]

Agreement Terms

This Payment Plan Agreement outlines the terms for the repayment of the credit card balance owned by the account holder listed above.

1. Total Balance

The total outstanding balance as of [Insert Date] is \$[Insert Total Balance].

2. Monthly Payment

The account holder agrees to pay \$[Insert Monthly Payment] per month.

3. Payment Schedule

Payments shall be made on or before the [Insert Due Date] of each month, starting from [Insert Start Date] until the balance is paid in full.

4. Interest Rate

The agreed interest rate during the payment period shall be [Insert Interest Rate]%.

5. Default Terms

If a payment is missed or not received by the due date, the issuer reserves the right to alter the payment terms or revert to the standard interest rate.

6. Signatures

By signing below, both parties agree to the terms outlined in this Payment Plan Agreement:

Account Holder Signature

Date: _____

Issuer Representative Signature
Date: _____