

Loan Approval Letter

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your application for a short-term loan to cover medical expenses has been approved. After reviewing your application and the necessary documentation, we have granted you a loan of [Loan Amount].

Loan Details:

- Loan Amount: [Loan Amount]
- Interest Rate: [Interest Rate]
- Loan Term: [Loan Term]
- Monthly Payment: [Monthly Payment]

Please review the attached agreement for further details. If you have any questions, do not hesitate to reach out to us.

Thank you for choosing [Your Company Name]. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Contact Information]