

# Credit Card Consolidation Agreement

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

This letter serves as a formal agreement regarding the Credit Card Consolidation Program offered by [Your Company Name]. By signing this agreement, you agree to the following terms and conditions:

## 1. Program Overview

The Credit Card Consolidation Program is designed to help you manage your credit card debt more effectively by consolidating multiple credit card balances into a single monthly payment.

## 2. Services Provided

[Your Company Name] will negotiate with your creditors on your behalf to lower your interest rates and set up a manageable payment plan.

## 3. Fees

Please note that a service fee of [Insert Fee Amount] will be charged for participation in this program.

## 4. Payment Terms

You agree to make monthly payments of [Insert Payment Amount] to [Your Company Name] for the duration of the program, which lasts for [Insert Duration].

## 5. Cancellation Policy

You may cancel this agreement at any time with written notice to [Your Company Name]. However, fees incurred before cancellation are non-refundable.

By signing below, you acknowledge that you understand and accept the terms of this agreement.

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Client Signature Date

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Authorized Signature [Your Company Name] Date

Thank you for choosing [Your Company Name]. We look forward to assisting you with your credit card consolidation needs.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]