

# Credit Card Loan Consolidation Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

Dear [Recipient's Name],

We are pleased to confirm your enrollment in the Credit Card Loan Consolidation Plan with [Company Name]. This plan is designed to help you manage your credit card debts more effectively and to potentially lower your monthly payments and overall interest charges.

Below are the details of your consolidation plan:

- **Account Number:** [Insert Account Number]
- **Loan Amount:** [Insert Loan Amount]
- **Interest Rate:** [Insert Interest Rate]
- **Monthly Payment:** [Insert Monthly Payment]
- **Duration:** [Insert Duration]

Please note that the first payment will be due on [Insert Due Date]. You may contact us at [Company Phone Number] or [Company Email] if you have any questions regarding your plan.

Thank you for choosing [Company Name] to assist you with your financial needs. We look forward to supporting you throughout this process.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]