

Loan Approval Letter

Date: [Insert Date]

[Borrower's Name]

[Borrower's Address]

[City, State, Zip Code]

Dear [Borrower's Name],

We are pleased to inform you that your application for an unsecured loan to cover medical expenses has been approved. Your request was reviewed, and we are happy to provide you with the following terms:

- Loan Amount: \$[Insert Amount]
- Interest Rate: [Insert Interest Rate]% per annum
- Loan Term: [Insert Loan Term] months
- Monthly Payment: \$[Insert Monthly Payment]

The funds will be disbursed to you within [Insert Timeline] upon receipt of your acceptance of this offer. Please review the terms carefully and sign the enclosed agreement to finalize your loan.

If you have any questions or need further assistance, feel free to contact us at [Insert Contact Information].

Thank you for choosing us for your financial needs.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]