

Reinstated Payment Agreement

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 request for a reinstated payment agreement has been reviewed and approved. This letter serves as a formal agreement to bring your account current.

Under this agreement, you will make the following payments:

- Initial payment of [Insert Amount] due on [Insert Due Date]
- Subsequent payments of [Insert Amount] due on [Insert Due Date] for [Insert Duration]

Please note that timely payments are essential to maintaining your account in good standing. Failure to adhere to this agreement may result in further action.

If you have any questions regarding this agreement, please contact us at [Insert Contact Information].

Thank you for your attention to this matter. We appreciate your cooperation.

Sincerely,

[Your Name]
[Your Position]
[Your Company]
[Your Contact Information]