

# Confirmation of Loan Deficiency Balance Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

## Subject: Confirmation of Loan Deficiency Balance Agreement

Dear [Lender's Name],

I am writing to confirm our agreement regarding the deficiency balance on my loan account [Loan Account Number]. As discussed on [Date of Discussion], the outstanding balance remaining after the sale of the collateral amounts to [Amount].

We have agreed to the following terms regarding the payment of this deficiency balance:

- Payment Amount: [Amount]
- Payment Schedule: [Weekly/Monthly] payments of [Amount] beginning on [Start Date]
- Final Payment Date: [End Date]

Please acknowledge receipt of this letter and confirm that my understanding of our agreement is correct. I appreciate your cooperation in this matter.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]