Notification of Credit Counseling Requirement

| Date: [Insert Date] |
|--|
| To: [Recipient's Name] |
| [Recipient's Address] |
| [City, State, Zip Code] |
| Dear [Recipient's Name], |
| We are writing to inform you that based on our recent review of your financial situation, we believe that credit counseling would be beneficial for you. This counseling can provide valuable guidance on managing your debts and improving your overall financial health. |
| We recommend that you schedule a session with a certified credit counseling agency. This service is designed to help you create a budget, negotiate with creditors, and understand your rights and responsibilities regarding your debts. |
| Please take this opportunity seriously, as it can significantly impact your financial future. We encourage you to take action as soon as possible. |
| If you have any questions or need assistance in finding a suitable credit counseling agency, please feel free to contact us at [Your Contact Information]. |
| Thank you for your attention to this important matter. |
| Sincerely, |
| [Your Name] |
| [Your Title] |
| [Your Organization] |
| [Contact Information] |