

Financial Agreement for Credit Card Co-Signer

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a financial agreement between [Borrower's Name] and [Co-Signer's Name] regarding the credit card account ending in [Last Four Digits of Card Number].

Parties Involved

- **Borrower's Name:** [Borrower's Full Name]
- **Co-Signer's Name:** [Co-Signer's Full Name]

Terms of Agreement

1. The co-signer agrees to assume responsibility for the payment of the outstanding balance on the credit card in the event that the borrower fails to make payments.
2. The borrower agrees to make timely payments to ensure the credit account remains in good standing.
3. Both parties agree to communicate regularly regarding the status of the credit account.
4. This agreement will remain in effect until the credit card account is paid in full or is closed.

By signing below, both parties agree to the terms outlined in this financial agreement.

[Borrower's Name] (Borrower)

[Co-Signer's Name] (Co-Signer)

Please return a signed copy of this agreement for our records.

Thank you.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]