

# Joint Responsibility for Credit Card Debt Agreement

Date: [Insert Date]

To: [Creditor Name]

From: [Your Name] & [Co-Applicant's Name]

Subject: Joint Responsibility for Credit Card Debt

Dear [Creditor Name],

We, [Your Name] and [Co-Applicant's Name], are writing to confirm our joint responsibility for the credit card debt associated with account number [Insert Account Number]. We acknowledge that we are both equally liable for the repayment of the total balance, which currently stands at [Insert Amount].

We understand that failure to meet the payment obligations may affect both our credit scores and we are committed to fulfilling this responsibility in a timely manner. We agree to the following payment plan:

- Monthly Payment Amount: [Insert Payment Amount]
- Due Date: [Insert Due Date]
- Payment Method: [Insert Payment Method]

We appreciate your support and cooperation in this matter. Please feel free to contact us at [Your Phone Number] or [Co-Applicant's Phone Number] should you have any questions or require further information.

Thank you for your attention.

Sincerely,

[Your Signature]

[Your Name]

[Co-Applicant's Signature]

[Co-Applicant's Name]