

Consolidated Credit Card Account Summary

Date: [Insert Date]

To: [Customer Name]

Address: [Customer Address]

Account Summary

Credit Card Issuer	Account Number	Balance Due	Minimum Payment Due	Due Date
[Issuer 1]	[XXXX-XXXX-XXXX-1234]	[\$[Balance 1]	[\$[Min Payment 1]	[Due Date 1]
[Issuer 2]	[XXXX-XXXX-XXXX-5678]	[\$[Balance 2]	[\$[Min Payment 2]	[Due Date 2]

Total Summary

Total Balance Due: \$[Total Balance]

Total Minimum Payment Due: \$[Total Min Payment]

Payment Instructions

Please ensure that your payments are made on or before the due dates to avoid late fees.

Contact Information

If you have any questions, feel free to contact us at [Customer Service Number] or [Customer Service Email].

Thank you for choosing our services!

Sincerely,

[Your Company Name]