

# Credit Card Staggered Billing Approval

Date: [Insert Date]

To: [Insert Customer Name]

[Insert Customer Address]

Dear [Insert Customer Name],

We are pleased to inform you that your request for staggered billing on your credit card account has been approved. This option allows you to pay your outstanding balance in manageable monthly installments.

Your staggered billing details are as follows:

- Total Amount Due: \$[Insert Amount]
- Monthly Payment Amount: \$[Insert Amount]
- Payment Due Date: [Insert Due Date]
- Number of Installments: [Insert Number]

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

If you have any further questions regarding your account or this billing option, feel free to contact our customer service team at [Insert Contact Information].

Thank you for choosing [Insert Company Name].

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Company Name]

[Insert Company Contact Information]