FORMAL DEMAND FOR PAYMENT

Invoice #: [000000]
Date: [MM/DD/YYYY]

FROM (Creditor):
[Agency/Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

TO (Debtor):
[Debtor Name]
[Street Address]
[City, State, Zip]
[Account Number]

Description of Debt / Service	Original Date	Amount
[Principal Balance Description]	[MM/DD/YYYY]	$0.00
[Interest / Late Fees]	-	$0.00
[Collection Costs]	-	$0.00

TOTAL BALANCE DUE: $0.00

DUE DATE: [MM/DD/YYYY]

Payment Instructions:
Please make checks payable to: [Payee Name]
Reference Account #: [000000]
Remit to: [Mailing Address]

NOTICE REQUIRED BY LAW: This is an attempt to collect a debt. Any information obtained will be used for that purpose. Unless you dispute the validity of the debt, or any portion thereof, within thirty (30) days after receipt of this notice, the debt will be assumed to be valid by this office.

[Confidentiality Notice or Regulatory License Numbers]