

Payday Loan Debt Relief

[REDACTED]
[REDACTED]
[REDACTED]
Office: (877) 734-6700
Fax: (818) 230-0467
Email: Shae@eliminatepaydayloandebt.net

RESOLUTION AGREEMENT

Date: 4/23/2024

In reference to client: Sandra W [REDACTED]
Attn: Check N Go
ID# 370708 [REDACTED]
Current Account Balance: \$992.87

Social Security Number: **xxx-xx-**

Please accept this letter as confirmation of the terms of settlement for the above-named. This agreement is based upon the mutual client remaining on their payments in Payday Loan Debt Relief's Resolution Program.

The mutual client will pay to Check N Go the sum of \$348.00 full and final satisfaction of all debts owed to your company. The payment terms will be in one lump sum payment of **\$348.00** to be issued on or before **May 9, 2024**.

Please sign and return this form and we can issue payments to eliminate this debt.

Payday Loan Debt Relief and our mutual client greatly appreciate your patience in coming to this agreement.
Sincerely,

Payday Loan Debt Relief

Payday Lender Section:

I am authorized by Check N Go along with and all parents, subsidiaries, and affiliates thereof to enter this agreement. We are accepting the above referenced offer. Upon receipt of payment as set forth above, all loans made to the above client shall be marked satisfied and any remaining balances will be waived. If it should apply, any and all data reported to credit reporting agencies will likewise be updated to reflect this agreement.

David M. Coffey
Signature

04/23/2024
Date

David M. Coffey
Print Name

CCC Support Specialist
Title

Method of Payment _____ or Mail To Address 7755 Montgomery Rd.
#500 Cincinnati OH 45236