CHASE
Cardmember Service
P.O. Box 15548
Wilmington, DE 19886-5548

Questions?
1-877-236-8491
TTY 1-800-955-8060

05819 RCS 001 003 02616 - NNNNNNNNNNNN STL050
[redacted]

| | |
|---|---|
| Enrolled Balance: | $3,023.00 |
| Current Balance: | $3,453.03 |
| Settlement Amount: | $1,380.00 |
| Settlement %: | 45.65% |
| **% Debt Reduction:** | **29.35%** |

# Update: Settlement Agreement Confirmation

Your account ending in [redacted]

Dear [redacted]:

We're writing to confirm your acceptance of our settlement agreement in the amount of $$1,380.00. P[redacted] review the details about this agreement below.

**Important information about your settlement agreement**

- We want you to know that this debt settlement may affect your ability to open a new account or borrow money from Chase in the future. In most cases, Chase does not approve applications from customers who haven't paid the account balance back in full - even when an agreement is made for a partial payment to satisfy a debt.
- We will report your account to the credit reporting agencies to reflect a zero ($0.00) balance due and account paid in full for less than the full balance, after all required payments have successfully posted to your account.
- If the canceled debt on your account is $600 or more, we may be required to report it to the Internal Revenue Service (IRS) and you may receive an IRS Form 1099-C. If the canceled debt is $10,000 or more, all account holders responsible for payment of the debt may receive a Form 1099-C. Chase will issue a Form 1099-C based on IRS requirements for reporting canceled debt for the appropriate tax year.
- All efforts to collect on your account will stop as long as you meet the terms of your settlement agreement.
- We must receive a total amount of $$1,380.00 by the due dates provided in the payment schedule or your account will be considered in default of our agreement.
- If you don't successfully complete the terms of this agreement, we may send your account to a debt collection agency.

CHASE

**Here's your payment schedule**

| DATE DUE | PAYMENT AMOUNT |
|---|---|
| February 04, 2016 | $690.00 |
| February 24, 2016 | $690.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |
| February 24, 2016 | $0.00 |