

ACCOUNT NUMBER: _____
BD NUMBER: _____

DATE: _____
TOTAL DUE: _____

DR-422d (04-05)

RESPONSE TO DEBT NOTICE

Please check each applicable section and provide the information requested. Return this form in the enclosed envelope.

(1) Payment in full enclosed.

(2) Please charge the full amount due to my VISA, MasterCard, DISCOVER or American Express.
(Return the completed REPAYMENT BY CREDIT CARD form.)

(3) I can not pay the debt in full. I want to make monthly payments. I am enclosing my first payment.

Note: Interest will continue to accrue on the unpaid balance. You may be required to submit a financial statement prior to our acceptance of your request. If you miss any payments your account will be referred for immediate enforcement action, as described in this notice.

The debt is not delinquent or legally enforceable in the following amount:

Amount: \$ _____

Reason _____

(Attach copies of supporting documents.)

I have filed a bankruptcy petition and an automatic stay is in effect or my debt has been discharged.
(Attach copies of automatic stay, discharge order, etc.)

Signature: _____ Date: _____

Daytime Phone Number: _____