

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: \_\_\_\_\_