



File No: _____ - _____ (8 digit number in upper right hand corner of document)

If you would like to explore a voluntary repayment plan, please provide the requested information so we can get back in touch with you. Please note that your submission of payment offers will be subject to client approval. Our clients are not required to accept your settlement offers or payment request. *This is a communication from a debt collector. This is an attempt to collect a debt and all information will be used for that purpose.*

Proposed Monthly Payment \$_____ Or Proposed Lump Sum Settlement Amount \$_____

PLEASE COMPLETE & RETURN

NAME

SS#..... PHONE

PHYSICAL ADDRESS

CITY/STATE ZIP

HOME PHONE _____ CELL _____

By providing this cell phone number I expressly agree to have Creditor or it's representative contact me at this cell phone number.

EMPLOYER TITLE

EMPLOYER ADDRESS

DATE OF HIRE GROSS WEEKLY WAGE

SPOUSE NAME SS#

SPOUSE EMPLOYER PHONE

EMPLOYER ADDRESS

DATE OF HIRE GROSS WEEKLY WAGE

AUTHORITY GRANTED THIRD PARTIES TO VERIFY/CORRECT.

SIGNED..... DATE

SPOUSE DATE

Please fax completed form to (225) 378-3100 or mail to Eaton Group Attorneys, LLC, PO Box 3001, Baton Rouge, LA 70821

