

SMALL BALANCE DUE LETTER

Account Number: _____ Balance Due: _____

To: _____

Name: _____

Address: _____

City, State, Zip: _____

Dear Valued Customer,

This letter serves as a formal notification that a small balance remains outstanding on your account referenced above. We kindly request prompt payment of the balance due to avoid any disruption in service and to maintain your account in good standing.

Balance Details:

Previous Statement Balance: _____

Payments Received: _____

Adjustments: _____

Current Balance Due: _____

Please remit payment for the balance due immediately. Payment may be made via check, credit card, or electronic funds transfer. If you have already submitted payment, please disregard this notice.

If you have any questions or concerns regarding this balance, please contact our billing department immediately to discuss.

Thank you for your prompt attention to this matter.

Sincerely,

Billing Department

Company Name: _____

Phone Number: _____

Email Address: _____

TERMS AND CONDITIONS

1. Payment Due

The outstanding balance must be paid in full within thirty (30) days from receipt of this letter to avoid late fees and collection actions.

2. Late Fees

A late fee of 1.5% per month (18% annually) will be applied to any unpaid balance past the due date.

3. Collection Costs

If the balance remains unpaid, the account may be referred to a collection agency or legal counsel, and the undersigned shall be responsible for all costs of collection, including reasonable attorney's fees.

4. Governing Law

This Small Balance Due Letter and any related agreements shall be governed by and construed in accordance with the laws of the United States and the state in which the Company is located, without regard to conflict of law principles.

5. No Waiver

Failure to enforce any provision of this Letter shall not constitute waiver of that provision or any other rights.

6. Severability

If any provision hereof is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

7. Contact Information

Please contact the Billing Department promptly to address any disputes or questions regarding this balance.

AUTHORIZED SIGNATURE

CUSTOMER SIGNATURE

Signature: _____

Signature: _____

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