To: 18669706283

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Fax: (818) 230-0467

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07/28/2021 10:18 AM

From: David Schmidt

Payday Loan Debt Relief

Shae Justice - Resolution Specialist 3841 Lake Rd Woodlawn, TN 37191 Office: (877) 734-6700 Fax: (818) 230-0467

Email: Shae@climinatepaydayloandcbt.net
RESOLUTION AGREEMENT
Date: 7/27/2021
In reference to client: Attn: My Full Wallet
Social Security Number: xxx-xx-
Please accept this letter as confirmation of the terms of settlement for the above-named. This agreement is based upon the mutual client remaining on their payments in Payday Loan Debt Relief's Resolution Program.
The mutual client will pay to My Full Wallet the sum of \$970.00 full and final satisfaction of all debts owed to your company. The payment terms will be in (8) equal monthly installments of \$107.78 and (1) final payment of \$107.76 beginning with the first payment to be issued on or before August 13, 2021. The subsequent payments will be issued on the 13th of each month until the balance has been satisfied. After going over the numbers this is the best payment we can offer at this time.
Please sign and return this form and we can issue payments to eliminate this debt.
Payday Loan Debt Relief and our mutual client greatly appreciate your patience in coming to this agreement. Sincerely,
Payday Loan Debt Relief
Payday Lender Section:
I am authorized by My Full Wallet along with and all parents, subsidiaries, and affiliates thereof to enter this agreement. We are accepting the above referenced offer. Upon receipt of payment as set forth above, all loans made to the above client shall be marked satisfied and any remaining balances will be waived. If it should apply, any, and all data reported to credit reporting agencies will likewise be updated to reflect this agreement.
Corry Johnson Signature  Date
Print Nayng Title
Hoyalde To WLCC Lending MSS or Mail to Address 1413 Focused Court Annapolis, MD, 21409
ID/Loan#