



# 40% Offer

March 23, 2010



Dear [Redacted]

RE: [Redacted] - Merrick Bank

This letter is confirmation of your request to participate in the CardWorks Servicing Extended Settlement Program. We will consider the above-referenced account settled, in full, if you pay 40% of the outstanding balance of \$5,476.77, which will be \$2,190.71.

**To enroll in the Extended Settlement Program, you must agree to the following terms:**

- Your account balance stated in this letter accurately reflects what you owe as of the date of this letter.
- Remit your first payment within 35 days of this letter.
- Continue to make monthly payments to the Bank in the amount of **\$2,190.71**.
- Payments must be made every 30 days for **1** month(s).
- Failure to make the agreed upon monthly payments will void this offer, and the current balance will be owed in full.

**As long as you are enrolled in the Extended Settlement Program, CardWorks Servicing will:**

- Cease collection activity as long as monthly payments are made on-time.

*If payments are not made every 30 days for the time frame described above, CardWorks Servicing reserves the right to exercise all of its rights in the collection of the full amount of your obligation, minus any payment made while you fulfilled your obligations under the terms of the Extended Payment Program. We are not obligated to renew this offer.*

After your settlement is complete, Merrick Bank will forgive any remaining balance and report to the credit bureau agencies that this account has been settled.

Lastly, please be advised that the Internal Revenue Service (IRS) requires all financial institutions to report to it any cancellation or forgiveness of debt of six hundred dollars (\$600) or more. If the settlement program described above includes the cancellation or forgiveness of debt of \$600 or more, IRS Form 1099C will be provided to you in the January after all payments have been made, detailing the debt Merrick Bank has forgiven and the amount that will be reported to the IRS. You may want to contact your tax advisor if you have any questions regarding tax implications.

If you have any questions, please contact our office today, toll-free, at 1-877-487-5583. Hours of operation are Monday - Wednesday and Friday 8:00 AM to 9:00 PM EST, Thursday 12:30 PM - 9:00 PM EST, and Saturday 8:00 AM - 4:30 PM EST.

Sincerely,



*NOTICE: See Enclosed for Important Information*

*If you agree to the terms stated above, please sign this form and return it to CardWorks Servicing, along with your first payment, within 35 days of the date of this letter.*

Account Number : [Redacted]  
 Name : \_\_\_\_\_  
 Address : \_\_\_\_\_

**Payment Return Address**  
 CardWorks Servicing  
 P.O. Box 5721  
 Hicksville, NY 11802-5721

I agree to pay 40% of the outstanding balance of \$5,476.77, which will be \$2,190.71. I will send monthly payments in the amount of **\$2,190.71** for **1** month(s). My first payment is enclosed