

TO OPEN, FOLD, AND
TEAR AT THIS PERFORATION

PO BOX 510267
LIVONIA MI 48151-6267
RETURN SERVICE REQUESTED

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SERVICES



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S-CUAMFC20 L-PPLANP
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SANI MAUROU
1800 S JACKSON ST APT 211
SEATTLE WA 98144-2181

F95963

AllianceOne

Receivables Management, Inc.

6565 KIMBALL DRIVE SUITE 200
GIG HARBOR WA 98335



Telephone : 1-800-456-8838

May 24, 2016

Name : SANI MAUROU

Account Number : 35777616

PIN : XP

Client Reference Number : 0203379026

Client : SEATTLE MUNICIPAL COURT

Dear Sir or Madam:

PAYMENT PLAN CONFIRMATION (Plan Established 05-11-16)

Today's Pay-off Balance: \$3167.83
Total Interest to Accrue: \$663.80
Total Amount of Plan: \$3819.37
Payment Frequency: MONTHLY
Total Number of Payments: 39

Payment Amount: \$100.00
1st Payment Due Date: 06-25-16
Final Payment Amount: \$19.37
Final Payment Due Date: 08-25-19
Current Payment Due Date: 06-25-16

If any payment is not received on or before its due date, your plan will be terminated without further notice and the balance will be due in full.

For your convenience you can now make debit card or credit card payments towards your AllianceOne account by scanning the QR code above to pay electronically on our payment website, or by manually entering <http://www.payaoi.com> into your browser. Please use your AllianceOne account number 35777616.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

A \$10.00 fee will be charged for each credit or debit card payment. You may also mail your payment to the address below or visit the office at the address noted above; there is no fee assessed to process mail or walk-in payments.

Account Number : 35777616



ACE
YOUR
STAMP
HERE



ALLIANCEONE RECEIVABLES MANAGEMENT INC.
PO BOX 11641
TACOMA, WA 98411-6641