

Fax Transmission

Attention to:-

Name: NATE

Company:

Date: 2019-04-05

Time: 01:15:28 P

From:-

Name: Dixon, Crystal D

Company: Phillips and Cohen Associates,
Ltd.

Telephone:

Pages: 2

RE: KARYN RODRIGUES

Comments/Notes:



PHILLIPS & COHEN
ASSOCIATES, LTD.

1002 Justison Street
Wilmington, DE 19801
PH 866-321-2195; TTY Dial 711
Email: mail@phillips-cohen.com
Office Hours: M - Th: 8am - 9pm; Fri.: 8am - 6pm; Sat: 8am - 12pm EST

April 5, 2019

KARYN K RODRIGUES
8 REPOSE LN
EAST WAREHAM, MA 02538-1107

Our Client/ Your Creditor: PORTFOLIO ASSET GROUP

Client account number: 3728

Balance: \$1,692.44

Regarding: CAPITAL ONE, N.A.

PCA Reference Number: 23082214

Settlement Amount: \$677.00

To KARYN K RODRIGUES:

As mentioned in our previous communications, Phillips & Cohen Associates, Ltd. is the authorized representative for PORTFOLIO ASSET GROUP. We have been authorized to reduce the balance on the above referenced account to \$677.00 in accordance with the payment schedule below.

AMOUNT	DATE
***\$677.00	04/26/2019

You agree to make each payment by Check by phone.

Upon receipt and clearance of the above referenced payment(s), you will no longer have any further obligation to PORTFOLIO ASSET GROUP regarding the above referenced account. This arrangement will be cancelled if payments are not made in accordance with the indicated schedule.

Thank you for your commitment to resolving this obligation.

Sincerely, *Crystal Nixon*
Phillips & Cohen Associates, Ltd.

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

NOTICE OF IMPORTANT RIGHTS: YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR.