[COMPANY NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

[DATE]

**Subject: Confirmation of Partial Payment Received and Remaining Balance**

Dear [Recipient’s Name],

We are writing to confirm receipt of your partial payment of [AMOUNT] on [DATE] toward [INVOICE NUMBER/ACCOUNT REFERENCE]. Thank you for making this payment.

**Payment Details**

* **Invoice Number:** [INVOICE NUMBER]
* **Total Amount Due**: [TOTAL AMOUNT]
* **Amount Received**: [AMOUNT PAID]
* **Remaining Balance**: [REMAINING AMOUNT]
* **Original Due Date**: [DUE DATE]

The remaining balance of [REMAINING AMOUNT] is due by [PAYMENT DEADLINE]. Please ensure the payment is made by this date to avoid any late fees or interruptions in service.

If you have any questions or need assistance, please contact [Name, Title] at [Email Address/Phone Number].

Thank you for your attention to this matter. We appreciate your promptness in resolving the balance.

Yours sincerely,

……………………………………………………….

[NAME]

[TITLE/POSITION]