



The CBE Group INC.

Hours of Operation: 7:00 a.m.- 9:00 p.m. CT Monday-Thursday  
7:00 a.m.- 5:00 p.m. CT Friday  
7:00 a.m.- 12:00 p.m. CT Saturday  
4:00 p.m.- 8:00 p.m. CT Sunday

REGARDING: U S DEPARTMENT OF EDUCATION

Your Account Number	
Total Amount Due	\$5,125.33

10/27/05

Dear T f:

U S DEPARTMENT OF EDUCATION has forwarded your account to our office to collect the balance in full unless disputed within 30 days from receipt of this letter.

Your account is in default. To pay your account and ensure proper credit, please note your social security number on your check and mail it with the bottom portion of this letter in the enclosed envelope.

Please choose one of the payment options below to pay this debt:

- Pay by AUTOPAY CHECK OR CREDIT CARD (Please call our office at 800-410-8089 or pay online at paycbe.com)
- Pay by WESTERN UNION (Please call our office at 800-410-8089)
- SEND YOUR CERTIFIED BANK CHECK OR MONEY ORDER (Insert In enclosed envelope with bottom of letter)

As of the date of this letter, you owe \$5,125.33. Because of interest, late charges and other charges assessed by your creditor that may vary from day to day, the amount due on the day you pay may be greater. Thus, if you pay the amount shown above, an adjustment may be necessary after we receive your check, in which event we will inform you.

Unless you notify this office within thirty (30) days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within thirty (30) days from receiving this notice, that you dispute the validity of this debt or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within thirty (30) days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor. This is an attempt to collect a debt; any information obtained will be used for that purpose. This communication is from a debt collector.

All correspondence other than payments should be mailed to P.O. Box 930, Waterloo, IA 50704-0930.

Para información en español por favor llame al número 800-410-8089.

Please see reverse side of this document for additional detailed account information.

↑  
validation notice

Please note any change in your name, address or phone on the reverse side and call our office.

QESPI45:T000.021028.001:1030:

W 1098578

PLEASE DETACH AND RETURN WITH ENCLOSED ENVELOPE

CBEG0800

000096137-01-000003  
131 TOWER PARK DR SUITE 100  
P.O. BOX 930  
WATERLOO, IA 50704-0930

CHANGE SERVICE REQUESTED

Do not send cash  
Note your social security number on your check  
Make checks payable to US Department of Education  
Return this portion with your payment

ACCOUNT #:	DATE: 10/27/05	PLEASE PAY THIS AMOUNT: \$5,125.33
AMOUNT ENCLOSED:		

10/27/05

0800

CS Number:

08-000096137

Your e-mail address: \_\_\_\_\_

NATIONAL PAYMENT CENTER  
U.S. DEPARTMENT OF EDUCATION  
P.O. BOX 4169  
GREENVILLE, TX 75403-4169



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