CREDIT CARD PAYMENT TRACKER

Printable Payment History Log

Account Holder Name: _____

Credit Card Provider: _____

Account Nickname: _____

Billing Cycle: _____

Payment Due Date: _____

Minimum Due: _____

DATE	CARD NAME	PAYMENT TYPE	DESCRIPTION	AMOUNT	INTEREST	PRINCIPAL	BALANCE AFTER	CONF / REF #	NOTES

Total Paid: _____ **Interest Paid:** _____

Balance Remaining: _____ **Next Payment Date:** _____

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For personal tracking only. Not financial advice.

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