

Date: [Insert Date]

To: [Creditor or Lending Institution Name]

Address: [Institution Street Address]

City, State, Zip Code: [City, State, Zip]

Subject: Temporary Payment Relief Authorization - Account #[Insert Account Number]

Dear [Contact Person or Department Name],

I am writing to formally request a temporary payment relief arrangement for the above-referenced account. Due to unexpected financial hardship caused by [briefly state reason, e.g., medical emergency, temporary unemployment], I am currently unable to meet my full monthly payment obligations.

I am requesting the following relief option for a period of [Insert Number] months:

- [Option A: Full Payment Forbearance/Suspension]
- [Option B: Reduced Monthly Payment of \$XXX.XX]
- [Option C: Interest-Only Payments]

I anticipate that my financial situation will stabilize by [Insert Date], at which point I intend to resume regular payments. I am committed to fulfilling my financial obligations and would appreciate your cooperation in adjusting my payment schedule to avoid default or negative credit reporting during this time.

Please provide written confirmation of this authorization and any specific terms or conditions associated with this temporary relief. If you require further documentation regarding my financial status, please let me know.

Thank you for your understanding and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]