

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Account Number]

[Date]

[Name of Financial Institution]
[Department Name, e.g., Billing/Loss Mitigation]
[Institution Address]
[City, State, Zip Code]

Subject: Request for Financial Hardship Payment Deferral

To Whom It May Concern,

I am writing to formally request a temporary payment deferral regarding my account [Account Number] due to unexpected financial hardship. I am currently experiencing financial difficulties caused by [State reason, e.g., job loss, medical emergency, or family crisis].

Because of these circumstances, I am unable to make my regularly scheduled payments at this time. I am requesting a deferral period of [Number] months to allow my financial situation to stabilize. During this time, I ask that you refrain from reporting any late payments to the credit bureaus or assessing late fees.

I have attached [List any supporting documents, e.g., termination letter or medical bills] as evidence of my current situation. I am committed to resuming my full payments on [Date you expect to resume].

Please let me know if there are specific forms I need to complete or if you require additional information to process this request. I look forward to your written confirmation regarding the approval of this deferral and any terms that may apply.

Thank you for your time and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]