[Your Full Name]
[Your Address]
[Your Phone Number]
[Date]

[Recipient Name or Company Name]
[Recipient Department]
[Recipient Address]

Subject: Authorization for Deferred Payment via Post-Dated Checks

Dear [Recipient Name/Account Manager],

I am writing to formally authorize the use of post-dated checks (PDCs) for the settlement of my outstanding balance/payment plan regarding [Account Number or Invoice Reference].

Due to [Reason for Deferment, e.g., temporary cash flow constraints], I request to settle the total amount of [Total Amount] through the following deferred payment schedule:

- Check No: [Number] | Date: [Date] | Amount: [Amount]
- Check No: [Number] | Date: [Date] | Amount: [Amount]
- Check No: [Number] | Date: [Date] | Amount: [Amount]

I understand and agree that:

1. These checks will only be deposited on or after the dates written on each check.
2. I am responsible for ensuring that sufficient funds are available in my bank account to cover these payments on the specified dates.
3. Any returned checks due to insufficient funds may result in additional penalties or the cancellation of this payment arrangement.

Please find the enclosed post-dated checks as per the schedule above. Kindly acknowledge receipt of these checks and confirm your acceptance of this deferred payment plan.

Thank you for your understanding and cooperation.

Sincerely,

[Signature]

[Your Printed Name]