[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Re: Account Number: [Account Number]

Dear [Customer Name],

This letter confirms that we have approved your request for a reduced payment plan due to financial hardship. We understand your current situation and are committed to helping you manage your account balances.

The terms of your temporary payment plan are as follows:

- **Reduced Monthly Payment:** $[Amount]
- **Start Date:** [Date]
- **Duration:** [Number of Months]
- **Next Review Date:** [Date]

Please ensure that payments are received by the [Day] of each month. Failure to make these payments on time may result in the cancellation of this arrangement and the return of your account to its original terms.

While this plan is in effect, [Insert details regarding interest/late fees, e.g., late fees will be waived / interest will continue to accrue].

We will contact you near the end of this period to review your financial status. If your circumstances improve before then, please contact us to discuss updating your plan.

If you have any questions, please contact our Hardship Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name/Signature]
[Title]
[Company Name]