

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

[Date]

[Recipient Name or Department]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Re: Reinstatement of Payment Plan for Account Number: [Your Account Number]

Dear [Recipient Name or Contact Person],

I am writing to formally request the reinstatement of my previous payment arrangement regarding the above-referenced account. Unfortunately, I missed the scheduled payment due on [Date of Missed Payment] because of [Briefly state reason, e.g., an unexpected medical expense or banking error].

I value my commitment to resolving this debt and sincerely apologize for the lapse. To show my good faith, I have enclosed a payment of \$[Amount] which covers the missed installment [plus any applicable late fees].

I would appreciate it if you could reinstate the original terms of our payment agreement effective immediately. I am confident that I can meet all future obligations on the agreed-upon dates.

Please confirm in writing if this request has been accepted and if there are any changes to my next scheduled payment date. Thank you for your time and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]