

Request for Waiver of Late Payment Penalty

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a waiver of the late payment penalty applied to my account for the month of [insert month]. Due to unforeseen circumstances, specifically [briefly explain the circumstances, e.g., medical emergency, job loss], I was unable to make the payment on time.

Despite my best efforts to manage my financial obligations, this situation was unexpected and has affected my ability to meet the payment deadline. I have always been diligent with my payments and hope to maintain a positive relationship with [Company Name].

As evidence of my circumstances, I have attached [mention any relevant documentation, if applicable]. I kindly ask for your understanding and consideration in waiving the late payment penalty of [insert amount].

Thank you for considering my request. Please feel free to contact me at [your phone number] or [your email address] should you require any more information.

Sincerely,

[Your Name]