

Request for Late Payment Removal

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 hope this message finds you well. I am writing to formally request the removal of a late payment recorded on my account due to extenuating circumstances.

On [insert date], I experienced [briefly explain extenuating circumstances, e.g., medical emergencies, job loss], which significantly impacted my ability to make timely payments. This situation was unforeseen and has since been resolved.

Considering my [previous good payment history, loyalty to the company, etc.], I kindly ask you to review my case and consider removing the late payment from my record. I have taken the necessary steps to ensure that this situation does not happen again.

Thank you for your understanding and support. I appreciate your time and consideration regarding this matter. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

[Your Name]