

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 for the month of [Insert Month/Year]. Due to unforeseen financial hardships, I was unable to make my payment on time.

During this period, I encountered [briefly explain your situation, e.g., medical emergencies, job loss, etc.]. I have since taken steps to ensure my financial situation is stable and have resumed making my payments on time.

Given my history of timely payments prior to this incident and my current efforts to rectify my financial situation, I kindly ask you to consider removing the late payment record. This action would greatly assist me in rebuilding my credit and improving my financial health.

Thank you for your understanding and consideration. I appreciate your support and look forward to your positive response.

Sincerely,

[Your Name]