

Request for Adjustment of Late Payment Fee

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an adjustment to the late payment fee that was applied to my account on [Date of Fee].

Unfortunately, due to [brief explanation of the circumstances leading to the late payment, e.g., unexpected medical expenses, job loss, etc.], I was unable to make the payment by the due date. I understand the importance of timely payments and have been a loyal customer since [Year]. I have always made timely payments in the past and hope you will consider my request favorably.

Given my circumstances, I kindly ask if you could waive the late payment fee this time. I assure you that I will take all necessary measures to prevent this situation from occurring in the future.

Thank you for your understanding and consideration. I look forward to your favorable response.

Sincerely,

[Your Name]