

Request for Cancellation of Late Payment Fees

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 cancellation of late payment fees applied to my account ([Your Account Number]) due to [brief explanation of circumstances, e.g., unexpected financial hardship, medical emergencies, etc.].

Despite my efforts to make timely payments, I faced unforeseen circumstances that impacted my ability to fulfill my obligations on time. I have always been a valued customer and have maintained a good payment history with your company.

I kindly ask you to consider my situation and waive the late payment fees as a gesture of goodwill. I would greatly appreciate your understanding and support in this matter.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]