

Request for Compassionate Payment Plan

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

Dear [Recipient's Name or "Billing Department"],

I hope this message finds you well. I am writing to discuss my current financial situation and request the possibility of establishing a compassionate payment plan for my account, [Account Number or Reference].

Due to [briefly explain your hardship, e.g., "unexpected medical expenses," "job loss," etc.], I am experiencing difficulty in meeting my financial obligations. I value my relationship with [Company/Organization Name] and want to fulfill my responsibilities, but I am finding it challenging to do so at this time.

I kindly ask for your understanding and support in this matter. I would appreciate an opportunity to discuss a manageable payment plan that could allow me to continue to meet my obligations while alleviating some of the immediate financial pressure I am facing.

Thank you for considering my request. I am hopeful for a positive response and look forward to your timely reply.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]