

Letter of Credit Limit Increase Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear [Bank Manager's Name],

I am writing to formally request an increase in my credit limit on my account [Your Account Number] due to recent medical expenses that have arisen.

As you are aware, unexpected medical situations can lead to significant financial burdens. I have recently incurred medical bills totaling [Insert Amount], which necessitate that I request a temporary increase in my credit limit. This adjustment would greatly assist me in managing these expenses effectively.

I have been a loyal customer of [Bank Name] for [Duration of Time] and have consistently maintained a good payment history. I believe that an increase in my credit limit will not only help cover my current medical bills but will also allow me to maintain my financial health during this challenging time.

I would greatly appreciate your consideration of my request. Please let me know if any further information is required.

Thank you for your time and understanding.

Sincerely,

[Your Name]