

Application for Modified Billing Schedule

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To,

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a modification to my current billing schedule due to [brief reason for request, e.g., financial hardship, job loss, etc.].

My account number is [insert account number]. Based on my current financial situation, I am unable to maintain the existing payment plan and would appreciate a modified schedule that aligns with my circumstances.

I propose [insert your proposed payment schedule, e.g., monthly payments, specific amounts, different due dates, etc.], and I believe this adjustment will allow me to meet my obligations more effectively.

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

Sincerely,

[Your Name]