

Compassionate Debt Resolution Request

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert City, State, Zip]

Account Number: [Insert Account Number]

To Whom It May Concern,

I hope this message finds you well. I am writing to formally request a compassionate resolution regarding the outstanding balance on my account. Due to [briefly explain your hardship, e.g., medical issues, job loss, etc.], I am currently facing financial difficulties that have made it challenging to meet my debt obligations.

Understanding that I am responsible for this debt, I am reaching out in hope of finding a resolution that is amicable for both parties. I would appreciate any options you may have for a modified repayment plan, potential settlement, or any programs available for individuals in my situation.

Thank you for considering my request. I look forward to your positive response and guidance on the next steps.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]