

Deferred Debt Payment Timeline Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Dear [Creditor's Name],

I hope this message finds you well. I am writing to formally request an extension of the timeline for my deferred debt payments.

Account Number: [Your Account Number]

Total Amount Due: [Total Amount]

Current Payment Due Date: [Due Date]

Due to [brief explanation of your situation, e.g., financial hardship, medical expenses], I am unable to meet the current payment schedule. I sincerely request a review of my situation and an extension of the payment timeline to [proposed new due date or timeline].

I appreciate your understanding and consideration in this matter. I am committed to fulfilling my obligations and would like to discuss any possible options that may be available. Please feel free to contact me at your earliest convenience.

Thank you for your attention to this urgent request.

Sincerely,

[Your Name]