

# Request for Waiver of Late Payment Charges

Date: [Insert Date]

To: [Recipient's Name]

Company: [Recipient's Company Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver for the late payment charges associated with my account ([Account Number]) for the billing period of [Insert Billing Period].

Unfortunately, due to [brief explanation of circumstances, e.g., unforeseen medical expenses, job loss, etc.], I was unable to make the payment by the due date. I understand the importance of timely payments and have always strived to meet my financial obligations. This situation was an exception and not reflective of my usual payment behavior.

Given these circumstances, I kindly request that you consider waiving the late payment charges. I assure you that I have already made arrangements to ensure that this will not happen again in the future.

Thank you for your understanding and consideration. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]