

# Proposal for Leniency on Credit Card Payment Schedules

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

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## Subject: Request for Leniency on Credit Card Payment Schedules

Dear [Recipient's Name or Customer Service Department],

I hope this message finds you well. I am writing to formally request leniency on my credit card payment schedules due to unexpected financial hardship.

Due to [briefly explain your situation, e.g., loss of job, medical expenses, etc.], I am experiencing significant financial difficulties that have made it challenging for me to keep up with my scheduled payments. My credit card account number is [insert account number].

In light of my current circumstances, I kindly request reconsideration of my payment terms. I am seeking to adjust my monthly payment schedule to a more manageable amount for the next [insert time frame, e.g., 3-6 months]. I believe this will allow me to catch up on my payments while also ensuring that I can meet my essential living expenses.

I would appreciate any assistance you could provide in this matter. Thank you for your understanding and consideration. I hope to hear from you soon.

Sincerely,

[Your Name]