

Application for Temporary Payment Reduction

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Recipient Name]
[Recipient Title]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a temporary reduction in my payment obligations due to [briefly explain your situation, e.g., financial hardship, job loss, medical expenses].

My account details are as follows:

Account Number: [Your Account Number]
Current Payment Amount: [Current Payment Amount]

I kindly request a reduction of my payment to [Proposed Temporary Payment Amount] for a duration of [Proposed Duration]. This adjustment will greatly assist me in managing my financial responsibilities during this challenging time.

I am committed to fulfilling my obligations and will work diligently to return to my original payment schedule as soon as possible. I have attached any relevant documents supporting my request for your review.

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

Warm regards,
[Your Name]