

# Deferred Payment Agreement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a deferred payment agreement for my account ([Account Number]) held with your institution. Due to [brief explanation of the reason, e.g., financial difficulties, medical expenses, etc.], I am unable to meet the current payment terms.

I kindly ask that you consider allowing me to defer my payments until [proposed date], at which point I will be in a better position to resume regular payments. I propose to pay [amount] per month until the account is brought back into good standing.

Thank you for considering my request. I appreciate your understanding and support during this time. I look forward to your positive response.

Sincerely,

[Your Name]