

Appeal for Late Fee Waiver

Date: [Insert Date]

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

[Recipient's Name]
[Title/Position]
[Institution or Company Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver of the late fee applied to my account due to unforeseen financial hardship. My account number is [Insert Account Number].

Due to [briefly explain your financial hardship, e.g., loss of job, medical expenses], I am currently facing difficulties in managing my finances. As a result, I was unable to meet the payment deadline on [insert date of missed payment].

I have always made timely payments in the past and greatly value my relationship with [Institution/Company Name]. I am committed to resolving this situation and preventing it from happening again in the future.

I kindly request your understanding and support by considering my appeal for a waiver of the late fee totaling [insert amount]. This assistance would significantly alleviate my current financial burden.

Thank you for considering my request. I hope for a favorable response and am willing to provide any additional information if necessary.

Sincerely,

[Your Name]