

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Billing Department
Company Name
Company Address
City, State, Zip Code

Dear Billing Department,

I am writing to formally request a waiver for the late fee incurred on my account due to a missed payment. The missed payment was a result of my extensive travel schedule associated with work, which unfortunately coincided with the payment due date.

During that period, I was away and unable to attend to my financial obligations, despite my intent to maintain regular payments. I have been a loyal customer and have always fulfilled my commitments promptly in the past. I kindly ask that you consider my situation and grant a waiver for the late fee charged to my account.

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

Sincerely,
Your Name