

# Payment Deferment Extension Application

Date: [Insert Date]

To:

[Recipient's Name]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension on my payment deferment for account number [Account Number]. Due to [briefly explain your reason, e.g., unexpected financial difficulties, medical expenses, job loss, etc.], I am unable to make my scheduled payments at this time.

I kindly ask for a deferment extension of [requested duration, e.g., 3 months] to allow me to stabilize my financial situation. I am committed to maintaining open communication during this period and will keep you updated on my circumstances.

Thank you for your understanding and consideration. I look forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]