

Payment Forgiveness Letter

Date: [Insert Date]

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

To: [Creditor's Name]
[Creditor's Address]
[City, State, Zip Code]

Dear [Creditor's Name],

I hope this letter finds you well. I am writing to formally request forgiveness of my payments due to my current temporary disability. As you may be aware, I have been experiencing [brief description of your disability] since [start date], which has significantly impacted my ability to work and meet my financial obligations.

Due to this situation, I am requesting that you consider forgiving my payments for the duration of my recovery period. I am committed to honoring my obligations and will keep you updated on my status.

Thank you for considering my request. I hope to hear from you soon. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]