

Application for Payment Reduction

Date: [Insert Date]

[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 reduction in my payment obligations due to [briefly explain your situation, e.g., unforeseen financial difficulties, job loss, medical expenses, etc.]. I have appreciated the services provided and am committed to fulfilling my financial responsibilities, but current circumstances necessitate a review of my payment plan.

To provide context, [insert details about your financial situation and any relevant documentation you plan to attach]. I believe that a temporary reduction in payments will allow me to manage my finances more effectively while still honoring the agreement we have in place.

I am proposing a reduction to [insert proposed payment amount] for the next [insert duration, e.g., 3 months]. I hope this will be acceptable and assure you that this request is made with the utmost sincerity and urgency.

I would appreciate the opportunity to discuss this matter further. Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]