

Authorized Payment Extension Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorized Payment Extension Agreement

I am writing to formally request an extension for the payment originally due on [Original Due Date]. Due to [brief explanation of the circumstances], I am seeking your understanding in extending the payment deadline to [New Due Date].

I assure you that I am committed to fulfilling my obligations and appreciate your consideration of this request. Please let me know if you require any further information or documentation to process this request.

Thank you for your understanding and support. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Title, if applicable]