

# Request for Credit Card Debt Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Credit Card Company Name],

I hope this message finds you well. I am writing to formally request a review of my current credit card debt associated with my account number [xxxx-xxxx-xxxx-xxxx]. Due to [brief explanation of circumstances, e.g., unexpected medical expenses, job loss, etc.], I am facing difficulties in meeting my monthly payment obligations.

I kindly ask you to consider an adjustment to my debt in the form of [mention your request, e.g., lowering the interest rate, restructuring the payment plan, etc.], as it would greatly assist me in managing my financial responsibilities while maintaining my relationship with your institution.

I appreciate your attention to this matter and look forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]