

Request for Auto Loan Payment Deferral

Date: [Insert Date]

Loan Account Number: [Insert Loan Account Number]

To: [Lender's Name]

[Lender's Address]

Dear [Lender's Name],

I am writing to formally request a deferral of my auto loan payments due to unexpected medical expenses that have significantly impacted my financial status. My account number is [Insert Loan Account Number].

As a result of [briefly explain medical situation, e.g., surgery, hospitalization], I have incurred substantial medical bills that have strained my budget. Consequently, I am unable to keep up with my loan payments at this time.

I respectfully request a deferral of [number of payments] payments, starting from [start date of deferral]. I plan to resume regular payments on [resumption date].

Thank you for considering my request. I appreciate your understanding in this difficult time and look forward to your favorable response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Sincerely,

[Your Full Name]

[Your Address]