

Formal Appeal Letter Against Denied Payment Extension

Date: [Insert Date]

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

[Recipient's Name]
[Title/Position]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision made by [Company Name] regarding my request for an extension on my payment due date for [specific payment or account number]. The initial request was denied on [date of denial], and I would like to present my case for your reconsideration.

Due to [explain reasons for requesting the payment extension, e.g., unforeseen financial difficulties, medical emergencies, etc.], I am currently unable to meet the original payment schedule. I have always valued my relationship with [Company Name] and have made consistent payments in the past.

I kindly ask that you review my situation and reconsider the possibility of granting a payment extension. This would greatly assist me in [mention how it would help you, e.g., getting back on track with finances, maintaining good standing, etc.]. I am committed to continuing my payments and fulfilling my obligations.

Thank you very much for considering my appeal. I hope for a positive response and am willing to discuss this matter further at your convenience.

Sincerely,

[Your Name]