

# Request for Reconsideration of Denied Payment Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a reconsideration of the recent decision regarding my payment extension request dated [insert original request date]. My request was denied on [insert denial date], and I would like to provide additional information in support of my case.

Due to [briefly explain the reason for your request, e.g., unforeseen circumstances, financial difficulties], I am unable to meet the current payment deadline set for [insert payment date]. I strongly believe that granting this extension would allow me to fulfill my payment obligations without causing further financial hardship.

I appreciate your consideration of this matter and would be grateful if you could review my request once more. If necessary, I am willing to discuss this further or provide any needed documentation to support my request.

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

Sincerely,

[Your Name]