

Request for Reconsideration of Payment Extension Denial

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Company's Name]

[Company's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a reconsideration of the recent denial of my request for a payment extension regarding my account [Your Account Number].

Due to unexpected [briefly explain your situation, e.g., financial difficulties, medical expenses], I am currently facing challenges in meeting the payment deadline. I believe that a short extension would greatly assist me in managing my obligations effectively.

I understand the importance of timely payments and assure you that I am committed to fulfilling my financial responsibilities. Therefore, I respectfully ask that you reconsider your decision and allow for an extension of [specific duration, e.g., 30 days] for my payment.

Thank you for your attention to this matter. I look forward to your understanding and a favorable response.

Sincerely,

[Your Name]