

Request for Modified Credit Card Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Credit Card Issuer's Name]

[Credit Card Issuer's Address]

[City, State, Zip Code]

Dear [Credit Card Issuer's Name],

I hope this message finds you well. I am writing to formally request a modification of the payment terms for my credit card account [Your Credit Card Account Number]. Due to [briefly explain your situation, e.g., financial hardship, job loss], I am experiencing difficulty in meeting my current payment obligations.

I kindly ask for your assistance in modifying my payment plan. I believe that with a revised schedule, I will be able to manage my payments more effectively. I am requesting [specify your request, e.g., reduced minimum payments or an extended payment term] to alleviate some financial pressure and allow me to successfully maintain my account in good standing.

Thank you for considering my request. I appreciate your understanding and support during this challenging time. Please let me know if you need any additional information or documentation to assist with this request.

Sincerely,

[Your Name]