

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Credit Card Company Representative's Name/Customer Service],

I hope this message finds you well. I am writing to formally request leniency regarding the late fee applied to my credit card account ([Your Credit Card Account Number]) for the billing period ending on [Billing Period End Date].

Due to [brief explanation of your situation, e.g., unexpected medical expenses, loss of income], I was unable to make the payment on time. I understand the importance of punctual payments and have always aimed to maintain a good standing with your institution.

Given my history of timely payments and my commitment to resolving this situation, I kindly ask for the waiver of the late fee. I assure you that I am taking steps to ensure this does not happen again and will make my future payments on time.

Thank you very much for considering my request. I appreciate your understanding, and I look forward to your positive response.

Sincerely,

[Your Name]