

# Credit Card Minimum Payment Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Credit Card Company Name]

[Customer Service Address]

[City, State, ZIP Code]

Dear Customer Service,

I am writing to inquire about the minimum payment requirements for my credit card account number [XXXX-XXXX-XXXX-XXXX]. I want to ensure that I maintain my account in good standing and avoid any late fees or penalties.

Could you please provide me with the current minimum payment amount, along with any relevant information regarding due dates and payment processing times?

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]