

Credit Card Staggered Billing Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Customer Service Department

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service Team,

I hope this letter finds you well. I am writing to formally request a staggered billing adjustment for my credit card account [Account Number], due to special circumstances. [Briefly explain the circumstances that warrant the adjustment, such as medical expenses, job loss, etc.].

I kindly ask for your consideration to adjust my billing cycle by staggering my payments over the next few months to help me manage my financial situation. I believe this adjustment will allow me to continue meeting my obligations without causing undue hardship.

Please find attached any supporting documentation that may assist in reviewing my request. I am hopeful for your understanding and support in this matter.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]