

Request for Staggered Billing Modification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To: [Credit Card Company Name]

Customer Service Department

[Company Address]

[City, State, Zip Code]

Dear [Customer Service Team/Specific Rep's Name],

I hope this message finds you well. I am writing to formally request a modification to the billing terms associated with my credit card account, number [Your Credit Card Number]. Due to unforeseen financial circumstances, I am unable to meet the current payment obligations and would like to propose a staggered billing plan for my existing balance.

Specifically, I am requesting to spread out my outstanding balance of [Insert Balance Amount] over [Insert Number of Months] months. I believe that this modification will allow me to manage my finances better while ensuring that I remain compliant with my payment obligations.

I appreciate your consideration of my request and am hopeful for a favorable response. If needed, I am willing to discuss this matter further and provide any additional information you may require.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]