

Letter of Appeal for Credit Card Payment Grace Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Credit Card Company Customer Service],

I am writing to formally request a grace extension on my credit card payment due on [Insert Due Date]. My account number is [Insert Account Number]. Due to [briefly explain your situation, e.g., unexpected medical expenses, job loss, etc.], I am currently facing financial difficulties that have made it challenging for me to make my payment by the due date.

I have been a loyal customer since [Insert Year], and I have consistently made my payments on time. I am committed to resolving this situation and fulfilling my financial obligations.

If granted the grace extension, I assure you that I will make the payment by [Insert Proposed Payment Date]. I kindly ask you to consider my request and provide any assistance that you can during this difficult time.

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

Sincerely,

[Your Name]