

# Request for Extension of Credit Card Payment Grace Period

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Customer Service Department

[Bank/Credit Card Issuer's Name]

[Bank Address]

[City, State, Zip Code]

Dear Sir/Madam,

I am writing to formally request an extension of the payment grace period on my credit card account [**Your Credit Card Number**], due to unforeseen circumstances.

Due to [briefly explain your situation, e.g., unexpected medical expenses, job loss], I am facing financial difficulties that have made it challenging to meet the original payment deadline.

I kindly request an extension of [number of days/weeks] to allow me the necessary time to arrange my finances and make the payment. I assure you that I am committed to maintaining my account in good standing and will make the payment by the new deadline.

Thank you for considering my request. I appreciate your understanding and assistance in this matter.

Sincerely,

[Your Name]

[Your Account Number]