Name of Consumer
Address of Consumer
City, State, Zip Code

DATE

Name of Credit Card Company
Address of Credit Card Company
City, State, Zip Code

RE: Reduced Payment on Credit Card Number NUMBER

Dear Name of Creditor:

This letter is to formally request a reduction in payments on my debt for the next six months. I request to pay AMOUNT starting on DATE and beginning the normal payments on DATE. I have every intention of paying my debt, but am not able to make the usual payments at this time.

I lost my teaching job because of financial cut-backs in my school district. I am well-qualified for teaching biology and hope to have another job within six months. I am looking in two other school districts near where I live.

Because I have every intention of paying my debt, I would like to request that you not give it to a collection agency. I need to maintain my credit rating.

I hope to receive a favorable reply in writing within the next two weeks. If you have any questions or would like any more information about my situation, I can be reached at Phone Number or at Email Address.

Thank you for your kind consideration in my time of difficulty.

Sincerely,

Signature of Consumer
Printed Name of Consumer