

NOTICE OF INABILITY TO PAY CREDIT CARD BILL DUE TO COVID-19

Instructions:

1. Complete the form below and check the boxes that apply.
2. Deliver a copy to your credit card company by email or registered mail.
3. Keep a copy of this form.
4. Keep documentation to prove your inability to pay, such as termination or layoff notices, pay stubs, bank statements, medical bills, or a signed letter from an employer.

DATE: _____

TO (*credit card company*): _____

FROM (*your name*): _____

ADDRESS (*your home address*):

REASON: I am unable to pay my bill for the address above, for the following COVID-related reason(s):

(Check all that apply):

I, or someone in my household, was laid off or had a reduction of hours due to the coronavirus, and have therefore lost income.

I, or someone in my household, was unable to work due to needing to care for a child whose school was closed in response to the coronavirus.

I, or someone in my household, was unable to work because of sickness with confirmed or suspected coronavirus.

I, or someone in my household, was unable to work because of a need to care for a household or family member who was sick with confirmed or suspected coronavirus.

Other COVID-related reason (specify):

As a result, I need to delay some or all payment of the bill due. Thank you for your understanding and cooperation.

Sincerely,

(Sign here)