

[Date]

[Customer Name]  
[Customer Address]  
[City, State, Zip Code]

Re: Approval of Financial Hardship Request - Account Number: [Account Number]

Dear [Customer Name],

We are writing to inform you that your request for financial hardship assistance regarding the retroactive billing for the period of [Start Date] to [End Date] has been reviewed and approved.

We understand that unexpected billing adjustments can cause significant financial strain. Based on the documentation provided, we have applied the following resolution to your account:

- **Total Retroactive Amount:** \$[Amount]
- **Adjustment/Discount Applied:** \$[Amount]
- **Remaining Balance Owed:** \$[Amount]

To assist you further, we have established the following payment arrangement for the remaining balance:

[Insert Details of Payment Plan: e.g., 6 monthly installments of \$XX.XX starting on Date]

Please note that this approval is specific to the retroactive charges mentioned above. Standard charges for ongoing services will continue to be billed at your regular rate and are due by their respective deadlines.

If you have any questions regarding this arrangement or if your financial situation changes, please contact our Billing Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Representative Name]  
[Title]  
[Company Name]