

Authorization for Billing Cycle Modification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To:

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department],

I, [Your Name], authorize [Company Name] to modify my billing cycle to [desired billing cycle - e.g., monthly, quarterly]. My account number is [Your Account Number].

This modification will take effect starting from [desired effective date]. I understand that this may affect my billing amount and due dates accordingly.

Thank you for your attention to this matter. Please confirm receipt of this authorization.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]