

# Billing Adjustment Consent

Date: [Insert Date]

To: [Customer's Name]

[Customer's Address]

[City, State, Zip Code]

Dear [Customer's Name],

We are reaching out to inform you about a recent review of your account, which has led to a necessary adjustment in your billing.

Details of the Adjustment:

- Original Amount: \$[Original Amount]
- Adjusted Amount: \$[Adjusted Amount]
- Reason for Adjustment: [Reason for Adjustment]

We kindly request your consent for this adjustment to be processed. Please sign below to indicate your agreement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]