

# Authorization Letter for Telecom Billing Cycle Change

Date: [Insert Date]

To,  
[Telecom Company Name]  
[Company Address]  
[City, State, Zip Code]

Subject: Authorization for Billing Cycle Change

Dear [Customer Service/Specific Name],

I, [Your Full Name], residing at [Your Address], am writing to formally authorize the change of my billing cycle associated with my telecom account [Account Number]. I would like to switch my billing cycle from [Current Billing Cycle] to [New Billing Cycle].

This change is requested to be effective from [Desired Effective Date]. Please let me know if there are any additional steps I need to take in order to complete this process.

Thank you for your prompt attention to this matter.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Contact Number]  
[Your Email Address]