

Billing Frequency Revision Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP]

Email: [Your Email]

Phone: [Your Phone Number]

Account Number: [Your Account Number]

To: [Telecom Provider's Name]

Customer Service Department

[Provider's Address]

[City, State, ZIP]

Dear [Provider's Name or Customer Service Team],

I am writing to request a revision of the billing frequency for my telecom account. Currently, my billing is processed on a [insert current billing frequency, e.g., monthly] basis, and I would like to change it to a [insert desired billing frequency, e.g., quarterly] basis.

After careful consideration, I believe that this change will better suit my financial planning and management.

Please let me know if any additional information is required to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]