

Authorization for Billing Cycle Shift

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Company Name] to shift my billing cycle from [Current Billing Cycle] to [New Billing Cycle].

Account Details:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]
- Current Billing Cycle: [Current Cycle Dates]
- New Billing Cycle: [New Cycle Dates]

By signing this letter, I confirm my request for the billing cycle shift as specified above.

Sincerely,

[Your Signature]

[Your Name]

[Your Address]

[Your Contact Information]