

Request for Billing Cycle Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department/Manager's Name],

I am writing to formally request an adjustment to my billing cycle for my account, [Account Number]. Currently, my billing cycle ends on [Current Billing Date], and I would like to request a change to [Desired Billing Date].

The reason for this request is [briefly explain your reason, e.g., alignment with payroll, better cash flow management, etc.]. I believe this adjustment would greatly assist me in managing my finances more effectively.

I appreciate your attention to this matter and look forward to your prompt response. If you require any further information to process my request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your time and understanding.

Sincerely,

[Your Name]