

Bi-Weekly Payment Adjustment Agreement

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Recipient Address: [Insert Recipient Address]

Dear [Recipient Name],

This letter serves as an agreement to adjust the current payment schedule. As discussed, we have agreed to modify the payment terms to a bi-weekly basis. The following outlines the details of our agreement:

Agreement Details:

- **Current Payment Amount:** \$[Insert Amount]
- **New Payment Amount:** \$[Insert New Amount]
- **Payment Frequency:** Bi-Weekly
- **Effective Date:** [Insert Effective Date]

Please confirm your acceptance of this agreement by signing below. If you have any questions or need further clarification, feel free to reach out.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]

Agreement Confirmation:

I, [Recipient Name], accept the terms of this Bi-Weekly Payment Adjustment Agreement.

Signature: _____

Date: _____