

Application to Switch Credit Card Billing Schedule

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service Team,

I am writing to formally request a change to my credit card billing schedule for my account (Account Number: [Your Account Number]). I would like to switch my billing cycle from the current schedule to a more suitable one that aligns with my financial needs.

Currently, my billing cycle is set to [Current Billing Cycle] and I would like to change it to [Requested Billing Cycle]. This change will greatly assist me in managing my payments more effectively.

Thank you for considering my request. I look forward to your prompt response and hope for a smooth transition in my billing schedule.

Sincerely,

[Your Name]