

# Credit Card Billing Address Amendment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Credit Card Company Name]

[Billing Department]

[Company Address]

[City, State, Zip Code]

Dear [Credit Card Company Name] Customer Service,

I am writing to request an amendment to the billing address on my credit card account.

My name is [Your Name], and my account number is [Your Account Number]. I would like to update my billing address to the following:

[New Billing Address]

[City, State, Zip Code]

Please let me know if you require any additional information or documentation to process this request. I would appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]