

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name/Customer Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Notice of Payment Grace Period Adjustment

Dear [Recipient Name],

This letter is to formally notify you of a change regarding the grace period for your payments under [Account Number/Contract Name].

Effective as of [Effective Date], the current grace period of [Number] days will be adjusted to [New Number] days. Following this period, any unpaid balances will be subject to [Late Fee Amount/Percentage] and may result in [Additional Consequences, e.g., service suspension].

This adjustment has been made to [Brief Reason, e.g., align with updated company policies/standardize billing cycles]. All other terms and conditions of your agreement remain in full effect.

We value your business and encourage you to update your payment schedules to reflect this change. If you have any questions or require assistance regarding this adjustment, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Department]