[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Notification of Monthly Premium Billing Cycle Adjustment

Dear [Policyholder Name],

This letter is to inform you of a change regarding your premium billing cycle for Policy Number: [Policy Number].

To better align our administrative processes, your monthly billing due date is being adjusted. Please see the details of this change below:

- **Current Due Date:** [Current Date] of each month
- **New Due Date:** [New Date] of each month
- **Effective Date of Change:** [Month, Year]

What you need to do:

If you pay via manual check or online portal, please ensure your future payments reach us by the new due date listed above.

If you are enrolled in **Automatic Bank Draft (ACH) or Recurring Credit Card payments**, your account will automatically be charged on the [New Date] starting in [Month]. No further action is required on your part.

Please note that for the transition month of [Month], you may notice a one-time adjustment in the timing of your invoice. This is simply to facilitate the move to the new cycle and does not represent a change in your premium amount.

If you have any questions regarding this adjustment, please contact our Billing Department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]