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

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

Subject: Confirmation of Billing Cycle Adjustment

Dear [Client Name],

This letter is to confirm that we have processed your request to adjust your billing cycle for account number [Account Number].

As per your request, your new billing details are as follows:

- **Previous Billing Date:** [Old Date/Interval]
- **New Billing Date:** [New Date/Interval]
- **Effective Date:** [Date change takes effect]

Please note that your next invoice may be prorated to reflect the transition between your old and new billing periods. Following this transition, you will receive your invoices regularly according to the new schedule.

If you have any questions regarding this change or your upcoming statement, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Department]
[Your Title]