[Date]

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

Subject: Confirmation of Billing Cycle Adjustment - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have updated the billing cycle for your [Insurance Type, e.g., Auto/Home] policy as requested.

Your New Billing Details:

- **New Payment Due Date:** [Date] of each month
- **New Billing Frequency:** [Monthly / Quarterly / Semi-Annually]
- **Effective Date:** [Date]

Please note that depending on where you are in your current billing period, you may receive one final invoice reflecting your previous schedule before these changes take full effect. If you are enrolled in automatic payments, the withdrawal date will adjust automatically to match your new due date.

You can view your updated schedule and manage your payments at any time by logging into your online account at [Website URL].

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,

[Sender Name/Department]
[Company Name]