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

[Date]

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

Subject: Notification of Billing Cycle Adjustment and Prorated Premium

Dear [Policyholder Name],

This letter is to inform you that we are adjusting the billing cycle for your policy, [Policy Number]. To align your account with our new billing schedule, your next payment will include a one-time prorated premium charge.

Adjustment Details:

- **Current Billing Date:** [Old Date]
- **New Billing Date:** [New Date]
- **Prorated Period:** [Start Date] to [End Date]
- **Prorated Amount Due:** $[Amount]

This prorated amount covers the gap between your previous billing cycle and the start of your new cycle. Following this adjustment, your regular premium of $[Regular Amount] will be billed on the [Day of Month] of each [Month/Quarter/Year].

If you are enrolled in automatic payments, the prorated amount of $[Amount] will be withdrawn on [Date]. No further action is required from you.

If you pay manually, please ensure this payment is received by [Due Date] to maintain continuous coverage. You can make your payment via [Payment Method/Website].

We apologize for any inconvenience this transition may cause. If you have any questions regarding this adjustment, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]