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

[Date]

[Customer Name]
[Street Address]
[City, State, Zip Code]

Subject: Notice of Billing Cycle Adjustment for Policy #[Policy Number]

Dear [Customer Name],

This letter is to inform you of a change to your billing cycle effective with your upcoming policy renewal on [Renewal Date].

To better serve our customers and streamline our invoicing process, we are adjusting your billing frequency from [Old Frequency, e.g., Monthly] to [New Frequency, e.g., Quarterly].

Summary of Changes:

- **Current Billing Schedule:** [Current Schedule]
- **New Billing Schedule:** [New Schedule]
- **First New Invoice Date:** [Date]
- **New Installment Amount:** [Amount]

If you are currently enrolled in automatic payments (Auto-Pay), no action is required on your part. Your payment method on file will be charged according to the new schedule above. If you pay manually, please ensure your next payment is submitted by [Due Date] to avoid any lapse in coverage.

We appreciate your continued business. If you have any questions regarding this change or wish to discuss alternative billing options, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Name/Signature]
[Title]
[Company Name]