[Your Name]
[Your Address]
[Your Phone Number]
[Account Number]

[Date]

[Company Name]
[Billing Department Address]
[City, State, Zip Code]

Subject: Request for Billing Cycle Adjustment due to Financial Hardship

To Whom It May Concern,

I am writing to formally request an adjustment to my current billing cycle. Due to recent financial hardship, my current payment due date of [Current Due Date] no longer aligns with my income schedule, making it difficult to maintain timely payments.

To ensure that I can continue to fulfill my financial obligations to [Company Name], I am requesting to move my monthly due date to the [Requested Day, e.g., 5th or 15th] of each month. This change would align with my [paycheck/social security/benefits] schedule and allow me to pay my balance in full and on time.

I value your services and am committed to keeping my account in good standing. I hope that you can grant this one-time accommodation to help me manage my current circumstances more effectively.

Please let me know if this request is approved or if there are any specific forms I need to complete. I can be reached at [Your Phone Number] or [Your Email Address].

Thank you for your time and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]