

[Your Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Date]

[Client Name]
[Client Address Line 1]
[Client Address Line 2]
[City, State, Zip Code]

RE: Modification of Trust Account Billing Details - [Case/Matter Reference Number]

Dear [Client Name],

This letter serves as formal notification regarding a modification to the billing details and handling of your trust account held with [Firm Name].

Effective as of [Date], the following changes have been implemented:

- **Change in Billing Frequency:** [e.g., Monthly to Quarterly]
- **Updated Minimum Retainer Balance:** [Amount]
- **Change in Authorized Signatories:** [Name of Person]
- **New Disbursement Method:** [e.g., Electronic Transfer/Check]

These modifications have been made to [Reason for Change, e.g., streamline our accounting processes / comply with updated banking regulations]. Please note that these changes do not affect the total legal fees agreed upon in our initial representation agreement.

Enclosed is an updated ledger reflecting your current trust account balance of [Balance Amount] as of [Date].

If you have any questions or require further clarification regarding these billing modifications, please contact our billing department at [Phone Number] or via email at [Email Address].

Thank you for your continued trust in our services.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]