

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

[Date]

[Recipient Name]
[Recipient Title/Department]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Update to Billing Information and Alternative Payment Method

Dear [Recipient Name],

I am writing to formally request a change to my current billing information and the primary payment method associated with my account [Account Number/Invoice Number].

Effective [Date], please update my billing records to reflect the following information:

New Billing Address:

[Full Address]
[City, State, Zip Code]

Alternative Payment Method:

I would like to transition my payments to the following method:
[Specify Method: Credit Card, ACH/Direct Deposit, PayPal, etc.]

Please provide the necessary forms or a secure portal link so that I may provide the specific account details or card information required to finalize this update. Alternatively, if you require me to call your billing department directly, please let me know the best number to reach you.

I would appreciate a confirmation email once these changes have been processed in your system. Thank you for your assistance in ensuring my account remains in good standing.

Sincerely,

[Your Signature]

[Your Printed Name]