[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: NOTICE OF ASSIGNMENT OF CLAIM

Dear [Recipient Name],

Please be advised that as of [Date of Assignment], [Name of Original Claimant/Assignor] has formally assigned, transferred, and set over to [Name of New Claimant/Assignee] all rights, title, and interest in the claim regarding [Brief Description of Claim or Invoice Number].

In accordance with this assignment, [Name of New Claimant/Assignee] is now the legal holder of this claim. Consequently, all future communications, correspondence, and payments related to this matter should be directed to:

[Name of New Claimant/Assignee]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

Please update your records accordingly to ensure that all future payments are remitted to the Assignee named above. Any payments made to the Original Claimant after the receipt of this notice may not discharge your obligation regarding this claim.

If you have any questions regarding this notification or require further documentation of the assignment, please contact us immediately.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]