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

[Date]

[Bank Name]
[Credit Card Customer Service Department]
[Bank Address]
[City, State, Zip Code]

RE: Request for Billing Cycle Correction - Account Number: [Your Full Account Number]

To Whom It May Concern,

I am writing to formally request a correction to the billing cycle of my credit card account ending in [Last 4 Digits of Card].

Currently, my statement closing date is [Current Date] with a payment due date of [Current Due Date]. I would like to request that my billing cycle be adjusted so that my monthly payment due date falls on the [Desired Day of the Month, e.g., 1st or 15th] of every month.

I am making this request to better align my credit card payments with my monthly income schedule and to ensure timely payments. I understand that this change may result in a one-time shorter or longer billing cycle during the transition period.

Please confirm in writing once this change has been processed and inform me of the date when the new billing cycle will take effect. If there are any fees or specific requirements associated with this request, please let me know at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]