[Date]

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

Subject: Confirmation of Electronic Funds Transfer (EFT) Setup

Dear [Policyholder Name],

This letter confirms that your request to enroll in Electronic Funds Transfer (EFT) for your monthly premium payments has been successfully processed.

Account Details:

- **Policy Number:** [Policy Number]
- **Bank Name:** [Bank Name]
- **Account Type:** [Checking/Savings]
- **Account Ending In:** [Last 4 Digits]

Payment Schedule:

- **Monthly Draft Amount:** $[Amount]
- **Draft Date:** The [Day, e.g., 5th] of each month
- **Start Date:** [First Draft Date]

Please ensure that sufficient funds are available in your account on the scheduled draft date to avoid any late fees or a lapse in coverage. If you need to make changes to your banking information or wish to cancel this authorization, please notify us at least [Number] business days before your next scheduled payment.

If you have any questions, please contact our Customer Service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]