[Date]

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

Re: Confirmation of Electronic Funds Transfer (EFT) Setup
Claim Number: [Claim Number]

Dear [Claimant Name],

This letter serves as official confirmation that your request to receive claim payments via Electronic Funds Transfer (EFT) has been successfully processed.

Moving forward, approved claim payments will be deposited directly into the bank account provided. Please verify the partial account information below for accuracy:

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

Future payments will typically appear in your account within [Number] business days from the date of issuance, depending on your financial institution's processing times. You will no longer receive paper checks by mail for this claim.

If you did not authorize this change, or if you need to update your banking information in the future, please contact our Claims Department immediately at [Phone Number] or via email at [Email Address].

Thank you for choosing direct deposit for faster payment processing.

Sincerely,

[Adjuster Name/Department Name]
[Company Name]