[Date]

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

Subject: Confirmation of Policy Renewal and Auto-Pay Enrollment

Dear [Policyholder Name],

This letter confirms that your policy **[Policy Number]** has been successfully renewed for the period of **[Start Date]** to **[End Date]**.

Our records indicate that you are enrolled in our Electronic Funds Transfer (EFT) Auto-Pay program. Your renewal premium will be automatically deducted from your designated account according to the schedule below:

- **Bank Name:** [Bank Name]
- **Account Number ending in:** [Last 4 Digits]
- **Payment Amount:** $[Amount]
- **Withdrawal Date:** [Date]

No action is required on your part. Please ensure that sufficient funds are available in your account on the scheduled withdrawal date to avoid any potential service fees or policy lapses.

You can view your updated policy documents and payment history at any time by logging into your online portal at [Website URL].

Thank you for your continued business.

Sincerely,

[Company Name]
[Department Name]
[Contact Phone Number]