[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Client Name]
[Business Name]
[Client Address]
[City, State, Zip Code]

Subject: Confirmation of Electronic Funds Transfer (EFT) Setup

Dear [Client Name],

This letter is to confirm that we have successfully set up the Electronic Funds Transfer (EFT) authorization for your commercial insurance policy payments.

Account Details:

- **Policy Number:** [Policy Number]
- **Financial Institution:** [Bank Name]
- **Account Number (Last 4 Digits):** [1234]
- **Draft Date:** [Day of Month] of each month

Starting on [Start Date], your insurance premiums will be automatically deducted from the account listed above. Please ensure that sufficient funds are available on the scheduled draft date to avoid any late fees or potential policy cancellation.

If you did not authorize this setup or if any of the information above is incorrect, please contact our billing department immediately at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name] for your commercial insurance needs.

Sincerely,

[Name/Department]
[Company Name]