[Date]

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

Subject: Confirmation of Workers' Compensation Premium Payment via EFT

Dear [Policyholder Name],

This letter serves as formal confirmation that we have successfully processed your Workers' Compensation premium payment via Electronic Funds Transfer (EFT).

Transaction Details:

- **Policy Number:** [Policy Number]
- **Transaction Reference Number:** [Reference Number]
- **Payment Date:** [Date of Transfer]
- **Payment Amount:** $[Amount]
- **Bank Account (Last 4 Digits):** [####]

Your payment has been applied to the premium period of [Start Date] to [End Date]. Please retain this letter for your financial and insurance records.

If you have any questions regarding this transaction or your policy coverage, please contact our Billing Department at [Phone Number] or via email at [Email Address].

Thank you for your prompt payment and for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]