[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Re: Notice of Claim Payment Disbursement

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Recipient Name],

We are pleased to inform you that the processing of your claim has been completed. A payment has been issued according to the terms of your policy coverage.

Payment Details:

- Amount Disbursed: $[Amount]
- Payment Method: [Check / Direct Deposit / Wire Transfer]
- Disbursement Date: [Date]
- Transaction/Check Number: [Reference Number]

This payment represents [Full Settlement / Partial Payment / Supplement] for the following: [Brief Description of Coverage/Damages].

If you have any questions regarding this disbursement or if you do not receive the funds within [Number] business days, please contact your claims adjuster, [Adjuster Name], at [Phone Number] or via email at [Email Address].

Thank you for your patience throughout this process.

Sincerely,

[Name of Sender]
[Job Title]
[Company Name]