[Date]

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

Subject: Confirmation of Your Automatic Premium Payment Setup

Dear [Policyholder Name],

Thank you for choosing to set up automatic payments for your insurance premium. This letter confirms that your request has been processed and your enrollment in our Automatic Payment Plan is now active.

Account Details:

- **Policy Number:** [Policy Number]
- **Payment Method:** [Bank Account/Credit Card Ending in XXXX]
- **Withdrawal Date:** [Day] of each [Month/Quarter]
- **First Payment Date:** [Date of First Withdrawal]
- **Payment Amount:** $[Amount]

From now on, your premiums will be automatically deducted from your designated account. You no longer need to manually send checks or log in to make monthly payments. Please ensure that sufficient funds are available in your account on the scheduled withdrawal dates to avoid any potential service fees or policy lapses.

You can view your payment history or update your banking information at any time by logging into your account at [Website URL] or by calling our customer service team at [Phone Number].

Thank you for your continued trust in [Company Name].

Sincerely,

[Sender Name/Department Name]
[Company Name]