[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Date]

[Insurance Company Name]
[Department Name]
[Company Address]
[City, State, Zip Code]

Subject: Authorization for Automatic Premium Payments

Dear [Customer Service Department/Contact Person Name],

I am writing to authorize [Insurance Company Name] to initiate automatic premium payments for my insurance policy. Please find my policy and account details below:

- **Policyholder Name:** [Your Full Name]
- **Policy Number:** [Your Policy Number]
- **Bank Name:** [Your Bank Name]
- **Account Holder Name:** [Name on Bank Account]
- **Account Number:** [Your Account Number]
- **Routing Number:** [Your Routing Number]
- **Account Type:** [Checking/Savings]

I authorize you to deduct the recurring premium amount of [Amount] on the [Day] of every [Month/Quarter/Year], starting from [Start Date].

I understand that this authorization will remain in effect until I provide written notification to cancel it. I agree to notify [Insurance Company Name] of any changes to my account information at least [Number] days prior to the next scheduled payment.

Please find a voided check attached to this letter for verification purposes.

Sincerely,

[Your Signature]

[Your Printed Name]