[Date]

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

Subject: Confirmation of Enrollment in Automatic Premium Payments

Dear [Policyholder Name],

This letter confirms that you have successfully enrolled in our Automatic Premium Payment program for your policy number: **[Policy Number]**.

Payment Details:

- **Account Type:** [Checking/Savings/Credit Card]
- **Account Number (Last 4 digits):** [XXXX]
- **Payment Amount:** $[Amount]
- **Withdrawal Frequency:** [Monthly/Quarterly/Annually]
- **Next Withdrawal Date:** [Date]

Starting on the date mentioned above, your premium payments will be automatically deducted from your designated account. Please ensure that sufficient funds are available on the scheduled dates to avoid any service fees or interruptions in your coverage.

If you need to update your banking information or wish to cancel this automatic payment arrangement, please contact us at least [Number] business days before your next scheduled payment.

If you have any questions, please call our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]