[Your Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Subject: Welcome to Automatic Premium Payments

Dear [Policyholder Name],

Thank you for choosing [Your Company Name]. To ensure your coverage remains active without the hassle of manual monthly payments, we are pleased to introduce our Automatic Premium Payment service.

By enrolling in this service, your insurance premiums will be automatically deducted from your chosen bank account or credit card on your payment due date. This service is designed to provide you with peace of mind by preventing missed payments and potential lapses in coverage.

Your Account Details:

- **Policy Number:** [Policy Number]
- **Payment Amount:** $[Amount]
- **Frequency:** [Monthly/Quarterly/Annually]
- **Next Withdrawal Date:** [Date]

How to Manage Your Payments:

You can view your payment schedule, update your banking information, or download your statements at any time by logging into our secure portal at [Website URL].

If you have any questions regarding this setup or need to make changes to your payment method, please contact our billing department at [Phone Number] or reply to this email.

Thank you for your continued trust in our services.

Sincerely,

[Name/Signature]
[Title]
[Your Company Name]