Date: [Insert Date]

To: [Insurance Company Name]
Department: Billing/Accounting
Policy Number: [Insert Policy Number]

Subject: Authorization for Automatic Premium Payments (Electronic Draft)

Dear Billing Department,

I am writing to authorize [Insurance Company Name] to initiate automatic electronic drafts from my bank account to pay the premiums for the above-referenced insurance policy.

Please use the following banking information for the withdrawals:

- **Bank Name:** [Insert Bank Name]
- **Account Holder Name:** [Insert Name on Account]
- **Account Type:** [Checking / Savings]
- **Routing Number:** [Insert 9-Digit Routing Number]
- **Account Number:** [Insert Account Number]

Draft Details:

- **Frequency:** [Monthly / Quarterly / Annually]
- **Draft Date:** [Insert Preferred Day of Month, e.g., 5th]
- **Start Date:** [Insert Date of First Draft]

I understand that this authorization will remain in effect until I provide written notification of its termination. I agree to notify the company at least [Number] days prior to any scheduled draft if I wish to change my banking information or cancel the automatic payment plan.

Attached is a voided check for account verification purposes.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Phone Number]
[Your Email Address]