

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

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

Subject: Instructions for Setting Up Your First Premium Payment

Dear [Policyholder Name],

Welcome to [Company Name]. We are pleased to confirm that your application for [Policy Type] has been approved. To activate your coverage, you must now set up your first premium payment.

Policy Details:

- Policy Number: [Policy Number]
- Premium Amount Due: \$[Amount]
- Payment Due Date: [Date]

How to Make Your Payment:

1. Online Portal:

Visit [Website URL] and log in using your Policy Number. Select 'Make a Payment' to pay via Credit Card or ACH.

2. Automatic Bank Draft (EFT):

To set up recurring monthly payments, please complete the enclosed authorization form and return it with a voided check.

3. Pay by Phone:

Call our automated billing line at [Phone Number] and follow the voice prompts.

4. Pay by Mail:

Send a check or money order payable to [Company Name] to the address listed at the top of this letter. Please include your Policy Number on the memo line.

Please note: Your coverage will not take effect until the initial payment is successfully processed. If you have already made your payment, please disregard this notice.

If you have any questions, please contact our Customer Service team at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]

[Company Name]