

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Confirmation of Automated Monthly Payment Setup**

Dear [Policyholder Name],

This letter is to confirm that your request to set up automated monthly payments for your health insurance policy has been successfully processed.

**Policy Details:**

- Policy Number: [Policy Number]
- Monthly Premium Amount: \$[Amount]
- Payment Method: [Bank Account/Credit Card ending in XXXX]
- Withdrawal Date: [Day] of each month

Your automated payments will begin on **[Start Date]**. Please ensure that sufficient funds are available in your account on the scheduled date to avoid any coverage interruptions or late fees.

You can view your payment history or update your billing information at any time by logging into your member portal at [Website URL] or by calling our billing department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]