

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notice of Electronic Direct Bill Payment

Dear [Policyholder Name],

This letter is to inform you that your upcoming premium payment for policy number **[Policy Number]** will be processed electronically via Agency Direct Bill.

Payment Details:

- **Amount to be Billed:** \$[Amount]
- **Scheduled Withdrawal Date:** [Date]
- **Payment Method:** [Bank Account / Card Ending in XXXX]

Please ensure that sufficient funds are available in your account by the scheduled date to avoid any late fees or disruption in your coverage.

If you have recently made a payment through another method, or if you need to update your banking information, please contact our office immediately at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name].

Sincerely,

[Agent Name/Billing Department]

[Agency Name]