

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Confirmation of Change in Payment Method - Policy #[Policy Number]**

Dear [Policyholder Name],

This letter is to confirm that we have successfully processed your request to change the payment method for your life insurance policy referenced above.

The updated payment details are as follows:

- **New Payment Method:** [Direct Debit / Credit Card / Check]
- **Frequency:** [Monthly / Quarterly / Annually]
- **Next Payment Date:** [Date]
- **Draft Amount:** \$[Amount]

Please review these details to ensure they are correct. If you have any questions or if you did not authorize this change, please contact our customer service department immediately at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]