

[Date]

[Policyholder Name]

[Street Address]

[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 updated the payment method for your auto insurance policy, effective immediately.

Updated Payment Details:

- **New Payment Method:** [e.g., Visa ending in 1234 / Bank Account ending in 5678]
- **Billing Frequency:** [e.g., Monthly / Semi-Annually / Annually]
- **Next Scheduled Payment Date:** [Date]
- **Next Payment Amount:** \$[Amount]

Your previous payment method has been removed from our active billing system. Please ensure that sufficient funds are available in your new account to prevent any interruption in coverage.

You can view your updated billing information and manage your policy at any time by logging into your online account at [Website URL].

If you did not authorize this change or if you have any questions, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]