

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Confirmation of Change in Payment Method**

Dear [Member Name],

This letter is to confirm that we have successfully processed your request to change the payment method for your health insurance premium.

**Policy Details:**

- Policy Number: [Policy Number]
- New Payment Method: [e.g., Automatic Bank Draft / Credit Card]
- Effective Date: [Date]

Your future premiums will be collected using this new method. Please ensure that the necessary funds or credit limits are available to avoid any interruption in your coverage.

If you did not authorize this change or if the information above is incorrect, please contact our Member Services department immediately at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Department]

[Insurance Company Name]