

[Date]

[Policyholder Name]

[Business Name]

[Address Line 1]

[Address Line 2]

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

Dear [Policyholder Name],

This letter confirms that we have successfully updated the payment method for your Commercial General Liability insurance policy, effective [Effective Date].

As per your request, future premiums will now be processed using the following method:

- **New Payment Method:** [e.g., Credit Card / ACH Direct Debit]
- **Account/Card Ending In:** [Last 4 Digits]
- **Billing Cycle:** [e.g., Monthly / Quarterly / Annually]

Your next scheduled payment of \$[Amount] is set to occur on [Next Payment Date]. Please ensure that sufficient funds are available to avoid any interruption in your coverage.

If you did not authorize this change, or if any of the information above is incorrect, please contact our billing department immediately at [Phone Number] or [Email Address].

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

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]