

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Confirmation of Change in Payment Method

Dear [Policyholder Name],

This letter is to confirm that we have successfully updated the payment method for your Personal Umbrella Policy, policy number **[Policy Number]**.

As requested, your future premium payments will now be processed via: **[New Payment Method - e.g., Automatic Bank Draft / Credit Card]**.

Summary of Change:

- **New Payment Method:** [Details, e.g., Visa ending in 1234]
- **Effective Date:** [Date]
- **Next Payment Date:** [Date]
- **Next Payment Amount:** \$[Amount]

Please review your records to ensure this information is correct. If you did not authorize this change or if any details are inaccurate, please contact our billing department immediately at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Agent/Representative Name]
[Title]
[Company Name]