

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Change to Annual Payment Method

Dear [Policyholder Name],

Policy Number: [Policy Number]

This letter is to confirm that we have successfully updated the payment frequency for your insurance policy. As per your request, your premium payments have been changed to an **Annual** billing cycle.

Updated Payment Details:

- New Payment Frequency: Annual
- Annual Premium Amount: [Amount]
- Next Due Date: [Date]
- Selected Payment Method: [Credit Card / Bank Account / Check]

Please ensure that funds are available by the due date to maintain continuous coverage. If you have opted for automatic deductions, the total annual amount will be charged to your account on the date mentioned above.

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

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]

[Company Name]