

Application for Automatic Renewal of Premium Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company/Recipient's Name],

I hope this letter finds you well. I am writing to request the automatic renewal of my premium payments for my policy, [Policy Number], which is due for renewal on [Renewal Date].

I would like to ensure that there is no interruption in my coverage and wish to set up the automatic payment option to facilitate this process. Please let me know if any additional documentation or information is required from my side.

Thank you for your attention to this matter. I look forward to your confirmation of my request.

Sincerely,

[Your Name]