

# Verification for Automatic Premium Payment Enrollment

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the details required for enrolling in the automatic premium payment for policy number [Insert Policy Number].

Policyholder Name: [Insert Name]

Address: [Insert Address]

Contact Number: [Insert Phone Number]

Email Address: [Insert Email]

We request that the automatic premium payment be set up to ensure timely deposits. Please find the necessary bank details below for this purpose:

Bank Name: [Insert Bank Name]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

Thank you for your assistance in this matter. Should you require any further information, please do not hesitate to contact me at the above phone number or email address.

Sincerely,

[Your Name]

[Your Signature]