

Agreement for Insurance Direct Debit Services

Date: [Insert Date]

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Name],

Subject: Agreement for Direct Debit Services

I hereby authorize [Insurance Company Name] to initiate automatic debit entries from my bank account for premium payments related to my insurance policy with the policy number [Insert Policy Number].

Bank Name: [Your Bank Name]
Bank Account Number: [Your Account Number]
Bank Routing Number: [Your Routing Number]

This authorization will remain in effect until I provide written notification to cancel it. Should there be any changes to my bank account, I will notify [Insurance Company Name] promptly.

Thank you for your attention to this matter.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Contact Information]