

Letter of Allowance for Automatic Insurance Withdrawals

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 Contact Name],

I am writing to authorize automatic withdrawals for my insurance premium payments associated with my policy number [Insert Policy Number].

Please withdraw the amount of [Insert Amount] from my bank account on a monthly basis, starting on [Insert Start Date]. Below are my account details for the automatic withdrawal:

Account Holder Name: [Insert Name]

Bank Name: [Insert Bank Name]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

If you require any further information or documentation, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your assistance in setting up this automatic payment arrangement.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]