

Authorization for Recurring Insurance Debit

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Dear [Insurance Company Name],

I, [Your Name], hereby authorize [Insurance Company Name] to debit my bank account on a recurring basis for my insurance premium payments.

Account Holder Name: [Your Name]

Bank Name: [Your Bank Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

This authorization will remain in effect until I provide written notice of cancellation to [Insurance Company Name].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]