

# Automated Insurance Payment Authorization

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 Representative],

I hereby authorize [Insurance Company Name] to initiate automated payments from my bank account for my insurance premiums. The details of my bank account are as follows:

Account Holder's 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 to terminate it. I acknowledge that the amount of payment may vary based on my premium billing cycle.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]