

# Direct Debit Authorization for Insurance Payments

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

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

Dear Sir/Madam,

I hereby authorize [Insurance Company Name] to initiate direct debit entries to my account for the purpose of paying my insurance premiums.

## **Account Information:**

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] or my bank.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]