

Permission for Direct Insurance Charge

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Name], am writing to grant permission for a direct insurance charge to my account for my policy #[Insert Policy Number]. I understand that this will facilitate timely payments and maintain my coverage without interruption.

Please find my banking details below for the direct charge:

Account Holder Name: [Your Name]

Bank Name: [Your Bank Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

If you require any further information or documentation to process this request, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]