

Recurring Payment Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to authorize recurring payments to be made from my account for the following service:

Service Description: [Insert Service Description]

Amount: [Insert Amount]

Frequency: [Insert Payment Frequency]

Please initiate these payments starting on [Start Date] and continuing until [End Date or "until further notice"].

Below are my payment details:

Account Name: [Your Account Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

If there are any forms or additional information required, please let me know. Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]