

Direct Deposit Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

Subject: Authorization for Direct Deposit of Insurance Claim Payments

I am writing to authorize and request that all insurance claim payments due to me for my policy #[Insert Policy Number] be deposited directly into my bank account. Below are my banking details:

Bank Name: [Insert Bank Name]

Account Holder's Name: [Insert Account Holder's Name]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

Please let me know if you require any further information or documentation to process this request. I appreciate your prompt attention to this matter and look forward to your confirmation.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]