

Recurring Payment Authorization

Date: [Insert Date]

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

[Recipient's Name]
[Company's Name]
[Company's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to authorize [Company's Name] to initiate recurring payments from my account. Please find the required information below:

Payment Information

- Payment Amount: [Insert Amount]
- Frequency: [Weekly/Monthly/Quarterly]
- Start Date: [Insert Start Date]
- End Date: [Insert End Date or "Until Further Notice"]

Account Information

- Account Name: [Your Account Name]
- Account Number: [Your Account Number]
- Bank Name: [Your Bank's Name]
- Routing Number: [Your Bank's Routing Number]

I understand that this authorization will remain in effect until I provide written notice of cancellation or until [Company's Name] has received written notice of termination.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]