

Automatic Billing Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally opt-in to the automatic billing mechanism for my account with [Company Name]. My account details are as follows:

Account Number: [Your Account Number]

By enrolling in this service, I authorize [Company Name] to automatically charge my designated payment method for all future invoices due under my account. I understand that I will receive notifications regarding each transaction and maintain the right to cancel this service at any time.

Please confirm my enrollment in the automatic billing program at your earliest convenience. If you require any additional information, feel free to contact me.

Thank you for your attention to this matter. I look forward to your prompt confirmation.

Sincerely,

[Your Name]