

Assurance of Premium Payment Receipt

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the receipt of the premium payment made on [Insert Date of Payment]. This payment, in the amount of [Insert Amount], pertains to the policy number [Insert Policy Number].

Please consider this letter as an assurance that the payment has been processed successfully. If you have any queries regarding this matter, feel free to contact me at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position, if applicable]

[Your Company Name, if applicable]