

Official Confirmation of Premium Payment

Date: [Insert Date]

To:

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm the receipt of your premium payment for your policy number [Insert Policy Number].

Details of the payment are as follows:

- Payment Amount: [Insert Amount]
- Payment Date: [Insert Payment Date]
- Payment Method: [Insert Payment Method]

Your policy is now active, and you can continue to enjoy the coverage provided. If you have any questions or require further assistance, please feel free to contact us at [Insert Contact Information].

Thank you for choosing [Company Name].

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]