

# Request for Automated Payment Enrollment

Date: [Insert Date]

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

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

Dear [Recipient's Name],

I am writing to request enrollment in your automated payment system for my account with [Company Name]. My account number is [Your Account Number].

I would like my payments to be automatically deducted from my bank account on the due date. Below are my bank details for the automatic deduction:

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

Please let me know if you require any additional information to process my request. I appreciate your assistance in this matter.

Thank you for your attention to this request.

Sincerely,  
[Your Name]