

Request for Automatic Payment Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request enrollment in the automatic payment program for my account associated with [Account Number or Reference].

By enrolling in this program, I wish to ensure that my payments are processed seamlessly and on time. I understand that this will allow for monthly deductions from my designated bank account.

Please let me know if you require any additional information or documentation to complete this request. I appreciate your assistance in setting up automatic payments for my account.

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

Sincerely,

[Your Name]