

# Recurring Payment Authorization Letter

Date: [Insert Date]

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

[Recipient Name]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I hereby authorize [Company Name] to initiate recurring payments from my account for the service/product [specify service/product] on a [weekly/monthly/quarterly] basis. The amount of [insert amount] will be charged to my account on [insert payment date].

Please find my payment details below:

**Account Holder Name:** [Your Name]  
**Account Number:** [Your Account Number]  
**Bank Name:** [Your Bank Name]  
**Routing Number:** [Your Routing Number]

This authorization will remain in effect until I provide written notice to terminate it. I understand that I have the right to cancel this authorization at any time with a written request.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]