

Recurring Payment Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I, [Your Name], hereby authorize [Insurance Company Name] to initiate recurring payments for my insurance premiums from the following bank account:

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 canceled by me in writing. I understand that the payment will be deducted on [insert frequency, e.g., "the first of each month"] and that I will receive a confirmation of each transaction.

If you have any questions or require additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]