

Vehicle Insurance Renewal Authorization

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Subject: Authorization for Vehicle Insurance Renewal

Dear [Insurance Manager's Name],

I, [Your Full Name], am writing to authorize the renewal of my vehicle insurance policy with [Insurance Company Name]. My policy details are as follows:

- Policy Number: [Insert Policy Number]
- Vehicle Make and Model: [Insert Make and Model]
- Registration Number: [Insert Registration Number]

I hereby confirm my consent for the automatic renewal of this policy, effective from [Insert Effective Date]. Please use the payment method associated with my account to process the renewal fee.

Thank you for your attention to this matter. Please do not hesitate to contact me if you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]