

Automatic Withdrawal Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves as an agreement for the automatic withdrawal of payments from my credit card for the services provided by [Your Company/Organization Name]. I understand and agree to the terms outlined below:

Terms of Agreement

- Amount: [Insert Amount]
- Frequency of Withdrawal: [Weekly/Monthly/Quarterly]
- Start Date: [Insert Start Date]
- Credit Card Information: [Last four digits of the card only]
- Authorized Name on Card: [Insert Name]

I authorize [Your Company/Organization Name] to automatically withdraw the specified amount on the agreed schedule from the designated credit card until I provide written notice to discontinue this service.

Should any withdrawal be declined, I will be responsible for making arrangements to pay the owed amount promptly. This agreement will remain in effect until revoked in writing by either party.

By signing below, I confirm my acceptance of this automatic withdrawal agreement.

[Your Name]

[Your Signature]

Date: [Insert Date]

Thank you for your cooperation.

Sincerely,

[Your Company/Organization Name]