

Direct Debit Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To,

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Authorization for Direct Debit from Credit Card

Dear [Bank Manager's Name],

I hereby authorize [Bank Name] to initiate debit entries to my Credit Card account as specified below:

Credit Card Details:

Cardholder Name: [Your Name]

Card Number: [XXXX-XXXX-XXXX-XXXX]

Expiration Date: [MM/YY]

Billing Address: [Billing Address associated with the card]

This authorization will remain in effect until I provide written notice to cancel it.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Handwritten Signature (if sending a hard copy)]

[Your Printed Name]