

Confirmation of Insurance Payment Arrangement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm the payment arrangement for my insurance policy [Policy Number] as we discussed on [Date of Discussion].

The agreed terms are as follows:

- Payment Amount: [Insert Amount]
- Payment Due Date: [Insert Due Date]
- Payment Method: [Insert Payment Method]

I appreciate your assistance in this matter and look forward to your confirmation of this agreement. If you have any questions or need further clarification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]