

Third-Party Payment Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Third-Party's Name] to make payments on my behalf to [Insurance Company Name] for my insurance premiums. This authorization is valid for the duration of the policy with Policy Number [Policy Number].

Below are the details of the third party making the payment:

- Name: [Third-Party's Full Name]
- Address: [Third-Party's Address]
- Phone Number: [Third-Party's Phone Number]
- Email: [Third-Party's Email]

By signing this letter, I confirm that I accept responsibility for the payment obligations incurred by [Third-Party's Name] on my behalf, and I give my consent for the insurance company to release necessary information regarding my policy to the aforementioned party.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email]