

# Authorization Letter for Premium Payment Handling

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby authorize **[Broker's Name]**, of **[Broker's Company]**, to act on my behalf in matters related to the payment of premiums for my insurance policy, Policy Number: **[Policy Number]**.

This authorization includes the handling of all financial transactions related to the premium payments, including but not limited to the processing of payments and receipt of confirmation on my behalf.

Should you have any questions regarding this authorization, please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your attention to this matter.

Sincerely,

**[Your Full Name]**

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