

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Notice of Auto-Pay Enrollment Continuation

Dear [Customer Name],

This letter is to confirm that your enrollment in our Automatic Payment (Auto-Pay) program will continue for the upcoming billing cycle. No action is required on your part to maintain this service.

Account Details:

- Account Number: [Account Number]
- Payment Method: [Last 4 digits of Card/Bank Account]
- Next Payment Date: [Date]
- Payment Amount: [Total Amount Due]

Your payment will be automatically deducted from your designated account on the date listed above. Please ensure that sufficient funds are available to avoid any potential late fees or processing issues.

If you wish to update your payment information or cancel your enrollment in Auto-Pay, please log in to your account portal at [Website URL] or contact our customer service department at [Phone Number] at least [Number] days before your next scheduled payment.

Thank you for your continued business.

Sincerely,

[Sender Name]
[Title]
[Company Name]