

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

[Date]

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

Subject: Acknowledgment of Reinstatement Premium Payment via EFT

Dear [Policyholder Name],

This letter is to confirm that we have successfully received and processed your payment in the amount of \$[Amount] via Electronic Funds Transfer (EFT) on [Date].

This payment was required for the reinstatement of your policy: [Policy Number].

Please be advised of the following:

- **Policy Status:** Your policy has been officially reinstated effective [Reinstatement Date].
- **Future Payments:** Your recurring EFT schedule will resume as previously established. Your next scheduled withdrawal will occur on [Next Draft Date] for the amount of \$[Amount].
- **Bank Records:** Please retain this letter for your records. The transaction will appear on your bank statement as [Statement Descriptor].

If you have any questions regarding your payment or your policy coverage, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for your prompt payment and for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]