

**Date:** [Current Date]

**Policy Number:** [Policy Number]

**Subject:** Confirmation of Adjusted Premium and Automatic Payment Plan Renewal

Dear [Policyholder Name],

This letter serves as confirmation that your insurance policy has been renewed for the upcoming term effective [Effective Date].

As part of this renewal, your premium has been adjusted based on [Reason for Adjustment/Annual Rate Review]. Your new recurring payment amount will be **[\$New Amount]**.

**Payment Schedule Details:**

- **New Payment Amount:** \$[New Amount]
- **Frequency:** [Monthly/Quarterly/Semi-Annually]
- **Next Withdrawal Date:** [Date]
- **Payment Method:** [Bank Account/Credit Card ending in XXXX]

Your enrollment in the Automatic Payment Plan remains active. You do not need to take any action; your payments will continue to be deducted automatically from your designated account on the scheduled dates listed above.

Please review your updated policy documents, which are attached to this correspondence, for full details regarding your coverage and terms.

If you have any questions or wish to update your payment information, please contact our billing department at [Phone Number] or visit our online portal at [Website URL].

Thank you for your continued business.

Sincerely,

[Sender Name]

[Company Name]

[Contact Information]