

[Date]

[Member Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Automatic Payment Plan Renewal

Dear [Member Name],

This letter confirms that your enrollment in the Automatic Payment Plan for your health coverage has been successfully renewed for the upcoming period starting [Start Date].

Plan Details:

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

Your premium will be automatically deducted from your designated account on or around the date indicated above. Please ensure that sufficient funds are available to avoid any service interruptions or fees.

If you wish to make changes to your payment method or cancel your automatic enrollment, please log in to your member portal at [Website URL] or contact Member Services at [Phone Number] at least [Number] days before your next scheduled payment.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]