

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Confirmation of Monthly Automatic Payment Plan Renewal

Dear [Policyholder Name],

This letter confirms that your monthly automatic payment plan for your life insurance policy has been successfully renewed for the upcoming period.

Policy Details:

- Policy Number: [Policy Number]
- Renewal Date: [Date]
- Monthly Premium Amount: \$[Amount]
- Draft Date: [Day] of each month

Your premiums will continue to be deducted automatically from your designated bank account or credit card on file. No further action is required on your part to maintain your coverage.

Please ensure that sufficient funds are available in your account each month to avoid any potential lapse in coverage. If you need to update your payment information or have any questions regarding your policy, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name] for your life insurance needs.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]