

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Automatic Payment Plan Renewal

Dear [Policyholder Name],

This letter confirms that your auto insurance policy [Policy Number] has been successfully renewed for the upcoming term effective [Start Date] to [End Date].

As you are currently enrolled in our Automatic Payment Plan, no action is required on your part. Your premium installments will continue to be withdrawn automatically from your designated account on file.

Payment Schedule Details:

- **Total Policy Premium:** \$[Total Amount]
- **Installment Amount:** \$[Installment Amount]
- **Draft Frequency:** [Monthly/Quarterly]
- **Next Withdrawal Date:** [Date]

Please ensure that sufficient funds are available in your account on the scheduled draft dates to avoid any service fees or a lapse in coverage.

You can view your updated policy documents and payment schedule at any time by logging into your account at [Website URL].

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

Sincerely,

[Agent/Department Name]

[Insurance Company Name]

[Phone Number]

[Email Address]