

**VERIFICATION OF BANK ACCOUNT  
FOR INSURANCE DIRECT DEPOSIT SETUP  
SAMPLE LETTER**

BANK LOGO/LETTERHEAD

BRANCH ADDRESS  
PHONE NUMBER  
FAX NUMBER

DATE

Re: ACCOUNT HOLDERS NAME

To Whom It May Concern,

Please accept this letter as verification that (NAME OF PRACTICE & ACCOUNT HOLDER NAME) has an established banking relationship with (NAME OF BANKING INSTITUTE). The account information is below:

PRACTICE NAME (IF LISTED ON THE ACCOUNT)  
PROVIDER'S NAME THAT IS LISTED ON THE ACCOUNT  
ACCOUNT NUMBER  
ABA ROUTING NUMBER  
SPECIFY ACCOUNT TYPE (Savings, Checking, etc.)

This information is being provided to you at the request of our client. We expect that you maintain its strict confidentiality. If you require additional information or have any questions you may contact me at (PHONE NUMBER OF BANKING REPRESENTATIVE).

Sincerely,

BANK REPRESENTATIVE  
TITLE