

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: NOTICE OF GRACE PERIOD EXPIRATION

Dear [Recipient Name],

This letter is to formally notify you that the grace period for your account [Account/Invoice Number] is set to expire on [Expiration Date].

Our records indicate that an outstanding balance of \$[Amount Due] remains unpaid. This balance was originally due on [Original Due Date].

Please be advised that if payment is not received by the expiration date mentioned above, the following actions may occur:

- Assessment of late fees in the amount of \$[Fee Amount].
- Suspension of services or account access.
- Negative impact on your credit rating/standing.

To avoid these consequences, please submit your payment immediately via [Payment Method/Link].

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties and need to discuss a payment plan, please contact our billing department at [Phone Number] before the grace period ends.

Sincerely,

[Your Name/Department]
[Your Title]