[Date]

[Client Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

RE: Notice of Expiring Credit Card - Policy #[Policy Number]

Dear [Client Contact Name],

We are writing to notify you that the credit card currently on file for your commercial insurance premium payments is set to expire on **[Expiry Date]**.

To ensure that your coverage remains active and to avoid any potential late fees or policy cancellations, please update your payment information before the expiration date.

You can update your details through one of the following methods:

- **Online Portal:** [Insert Website Link]
- **By Phone:** Call us at [Insert Phone Number]
- **In Person:** Visit our office at [Insert Address]

If you have already updated your information or have recently received a new card, please disregard this notice.

Thank you for your prompt attention to this matter and for choosing [Agency/Company Name] for your business insurance needs.

Sincerely,

[Your Name/Department Name]
[Agency/Company Name]
[Phone Number]
[Email Address]