[Date]

[Customer Name]
[Address Line 1]
[City, State, Zip Code]

Subject: ACTION REQUIRED: Credit Card Expiration Notice for Policy #[Policy Number]

Dear [Customer Name],

This is an important notice regarding your upcoming insurance policy renewal. Our records show that the credit card on file for your automatic payments is set to expire on [Expiration Date].

To ensure your coverage remains active and your renewal is processed without interruption, please update your payment information before [Due Date].

How to update your information:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mobile App:** Update your payment method in the [App Name] app.

If your payment information is not updated, your policy may be at risk of cancellation due to non-payment. If you have already updated your card details, please disregard this letter.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]