[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Subject: ACTION REQUIRED - Credit Card Expiry Warning for Policy [Policy Number]

Dear [Policyholder Name],

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

To ensure your insurance coverage remains active and to avoid any late fees or a lapse in protection, please update your payment information before your next billing cycle.

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

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

If you have already updated your card information, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Company Name]
[Billing Department]
[Contact Information]