[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: ACTION REQUIRED: Your Credit Card for Policy [Policy Number] is Expiring Soon

Dear [Policyholder Name],

We are writing to inform you that the credit card on file for your annual insurance premium, ending in [Last 4 Digits], is set to expire on [Expiry Date].

To ensure your insurance coverage remains active and to avoid any interruption in your protection, please update your payment information before [Date].

You can update your details through the following methods:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mobile App:** Open the [Company Name] app and go to the "Payments" section.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]