[Date]

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

Subject: URGENT: Action Required - Credit Card Expiring Soon

Dear [Customer Name],

Our records indicate that the credit card ending in [Last 4 Digits] used for your automatic insurance premium payments is scheduled to expire on [Expiration Date].

To ensure continuous insurance coverage and prevent a lapse in your policy, please update your payment information before [Date]. A lapse in coverage may result in the cancellation of your policy and could lead to higher premiums in the future.

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 [App Name] and go to the "Payments" section.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Information]