

Date: [Insert Date]

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

Subject: FINAL NOTICE OF GRACE PERIOD EXPIRATION AND CANCELLATION

Dear [Recipient Name],

This letter serves as formal notification that the grace period for your outstanding balance on Account Number [Insert Account Number] has expired as of [Insert Expiration Date].

Despite our previous notices dated [Insert Dates of Previous Notices], we have not received the required payment of \$[Insert Amount Due]. As a result, your [Insert Service/Policy Type] has been officially cancelled effective [Insert Cancellation Date].

Impact of Cancellation:

- All services associated with this account have been suspended.
- [If Insurance] Coverage is no longer active, and claims for incidents occurring after the cancellation date will not be honored.
- Your account may be referred to a third-party collection agency.

If you wish to reinstate your [Service/Policy], please contact us immediately at [Insert Phone Number]. Reinstatement may be subject to additional fees, interest, or a new application process.

If you have already sent your payment, please disregard this notice.

Sincerely,

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