

[Current Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: NOTICE OF TERMINATION - Expiration of Grace Period

Dear [Recipient Name],

This letter serves as official notification that your [Account/Policy/Membership/Agreement] number [Account Number] has been cancelled, effective [Effective Date of Cancellation].

Our records indicate that the final grace period provided to resolve your outstanding balance of [Amount Due] expired on [Grace Period End Date]. Despite our previous notices sent on [Date of First Notice] and [Date of Second Notice], we have not received the required payment or a response regarding your account status.

As a result of this cancellation:

- All services associated with this account have been deactivated.
- Your access to [Specific Service or Platform] has been restricted.
- [Optional: Mention any penalties, loss of coverage, or debt collection steps].

If you believe this cancellation has been made in error, or if you wish to discuss reinstatement options, please contact our billing department immediately at [Phone Number] or [Email Address]. Please note that reinstatement may require a reactivation fee and the full settlement of all past-due amounts.

If payment has been sent within the last 24 hours, please disregard this notice.

Sincerely,

[Your Name/Department]

[Company Name]

[Company Phone Number]