

[Your Company Name]  
[Billing Department]  
[Company Address]  
[City, State, Zip Code]

[Date]

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

**Subject: Notice of Upcoming Quarterly Premium Installment**

Dear [Policyholder Name],

This is a reminder regarding your upcoming quarterly premium payment for policy number **[Policy Number]**.

**Payment Details:**

- **Installment Period:** [Start Date] to [End Date]
- **Amount Due:** \$[Amount]
- **Due Date:** [Due Date]

To ensure your coverage remains active and uninterrupted, please ensure that your payment is received by the due date mentioned above.

**Payment Options:**

- **Online:** Visit [Website URL] to pay via credit card or e-check.
- **By Mail:** Send a check payable to [Company Name] using the enclosed envelope.
- **Automatic Draft:** If you are enrolled in Autopay, the amount will be deducted on [Draft Date].

If you have already made this payment, please disregard this notice. For any questions regarding your policy or billing, please contact our customer service team at [Phone Number] or [Email Address].

Thank you for choosing [Your Company Name].

Sincerely,

[Sender Name/Department]  
[Your Company Name]