

[Date]

[Customer Name]

[Customer Address]

[City, State, Zip Code]

**Subject: Notice of Pending Cancellation - Action Required**

Dear [Customer Name],

This letter is to inform you that we have not received the payment for your account [Account/Policy Number], which was due on [Due Date]. As a result, your coverage/service is scheduled to be cancelled effective [Cancellation Date].

**Grace Period Information:**

We value your business and would like to help you maintain your account. You are currently in a grace period. To prevent cancellation and avoid any interruption in service, we must receive your payment of \$[Amount Due] no later than [End of Grace Period Date].

**How to Pay:**

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If payment has already been sent, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Contact Number] as soon as possible.

Sincerely,

[Your Name/Department]

[Company Name]