[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Payment and Account Reinstatement

Dear [Customer Name],

We are writing to confirm that we have successfully received your payment in the amount of $[Amount] on [Date].

As this payment was received within the approved grace period, your account [Account Number] has been fully reinstated. Your coverage and/or services are now active and remain in good standing without any lapse in benefits.

Your next scheduled payment is due on [Next Due Date] in the amount of $[Amount].

To avoid any future disruptions, we encourage you to set up automatic payments through our online portal at [Website URL] or contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter and for your continued business.

Sincerely,

[Sender Name]
[Title/Department]
[Company Name]