[Your Name/Insurance Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

**Subject: URGENT: Payment Reminder Regarding Policy #[Policy Number]**

Dear [Recipient Name],

This is a formal reminder that we have not yet received payment for your auto insurance policy. Our records indicate an outstanding balance of $[Amount Due], which was due on [Due Date].

To ensure your coverage remains active and to avoid a lapse in insurance, please submit your payment by [Cancellation Date]. If payment is not received by this date, your policy will be cancelled, and you will no longer be covered for any accidents or liabilities.

**Payment Options:**

- Online: [Website Link]
- Phone: [Phone Number]
- Mail: Send a check to the address listed above

Driving without insurance is illegal in most states and may result in fines or the suspension of your driver's license. If you have already sent your payment, please disregard this notice.

If you are experiencing financial difficulties or have questions regarding your bill, please contact our customer service department immediately at [Phone Number].

Sincerely,

[Your Name/Company Name]
[Billing Department]