[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: NOTICE OF POLICY LAPSE - MISSED ELECTRONIC FUNDS TRANSFER

Dear [Policyholder Name],

We are writing to inform you that your insurance policy [Policy Number] has lapsed effective [Lapse Date] due to non-payment of premiums.

Our records indicate that the Electronic Funds Transfer (EFT) scheduled for [Draft Date] in the amount of $[Amount] was unsuccessful. As the contractual grace period has now expired without receipt of the required funds, your coverage is no longer active.

Impact of Lapse:
Claims for incidents occurring after [Lapse Date] will not be covered. Any automatic payment authorizations associated with this policy have been suspended.

How to Reinstate Your Policy:
You may be eligible to reinstate your coverage if you take action immediately. To request reinstatement, please:

- Pay the past due balance of $[Amount].
- Pay the current premium of $[Amount] (if applicable).
- Submit a signed Statement of Good Health (if required).

Please contact our Billing Department at [Phone Number] or visit our website at [Website URL] to make a payment and discuss your options.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Company Name]
[Department Name]
[Contact Information]