[Date]

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

RE: NOTICE OF AUTOMATIC PAYMENT FAILURE AND POLICY LAPSE

Policy Number: [Policy Number]
Type of Coverage: [Type of Insurance]

Dear [Policyholder Name],

This letter is to inform you that we were unable to process your scheduled Electronic Funds Transfer (EFT) payment on [Date] in the amount of $[Amount] for the above-referenced commercial policy.

Due to the missed payment, your insurance coverage is currently in a **Lapsed** status effective [Time] on [Date]. This means your business is currently without insurance protection, and any claims occurring after this date may not be covered.

To reinstate your coverage and avoid permanent cancellation, please complete the following steps immediately:

- Submit the past-due amount of $[Amount].
- Pay any applicable late fees or NSF charges totaling $[Amount].
- Update your banking information if your account details have changed.

You may remit payment via our online portal at [Website URL] or by calling our billing department at [Phone Number].

Please be advised that reinstatement is subject to company approval and may require a "Statement of No Loss." If payment is not received by [Final Deadline Date], your policy will be formally cancelled, and a final premium audit may be conducted.

If you believe this notice is in error, or if payment has already been sent, please contact your agent at [Agent Name/Phone] immediately.

Sincerely,

[Name of Sender/Department]
[Insurance Company Name]
[Contact Information]