

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: FINAL NOTICE - Impending Cancellation of Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that we have been unable to process the premium payment for your insurance policy. Our records indicate that the credit card on file has expired.

This is a **Final Warning**. As of today, your account is past due in the amount of \$[Amount Due]. If payment is not received or updated by [Deadline Date], your insurance coverage will lapse and your policy will be cancelled effective [Cancellation Date].

To prevent a gap in your coverage, please take one of the following actions immediately:

- **Online:** Log in to your account at [Website URL] to update your credit card details and submit payment.
- **Phone:** Call our billing department at [Phone Number] to provide new payment information.
- **Mail:** Send a check or money order to [Payment Address], ensuring it arrives before the deadline.

Please note that a lapse in coverage may result in higher future premiums or difficulty obtaining insurance elsewhere. If your payment has already been sent, please disregard this notice.

Sincerely,

[Name/Department]

[Insurance Company Name]

[Contact Information]