

URGENT: ACTION REQUIRED TO PREVENT INSURANCE LAPSE

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that the credit card associated with your automatic insurance premium payments is set to expire on **[Expiry Date]**. As a result, your next scheduled payment on **[Payment Date]** cannot be processed.

Warning: Failure to update your payment information immediately will result in a payment lapse. A lapse in payment may lead to the cancellation of your insurance coverage, leaving you unprotected and subject to potential reinstatement fees.

To ensure your coverage remains active, please update your billing information using one of the following methods:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mobile App:** Update your card details under the "Billing" section.

If you have already updated your information or have recently made a manual payment, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Company Name]

[Department Name]

[Contact Information]