

[Date]

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

Subject: IMPORTANT: Credit Card Expiration and Policy Lapse Warning

Dear [Customer Name],

We are writing to inform you that the credit card on file for your account ending in [Last 4 Digits of Card] has expired or is about to expire.

As a result, we were unable to process your most recent payment of \$[Amount] due on [Date].

**Policy Lapse Warning:**

Please be advised that your policy [Policy Number] is now in a grace period. If we do not receive updated payment information and the outstanding balance by [Due Date/Deadline], your coverage will lapse. A lapse in coverage may result in a loss of benefits and potential fees for reinstatement.

To ensure your coverage remains active, please update your payment details immediately by 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 profile in the [Company Name] app.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]  
[Company Name]