

[Agency Name]  
[Agency Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: URGENT NOTICE - Expired Credit Card and Pending Policy Lapse**

Dear [Policyholder Name],

We are writing to inform you that your recent insurance premium payment for Policy Number **[Policy Number]** was unsuccessful. Our records indicate that the credit card on file has expired.

As a result, your account is currently past due. To prevent a lapse in your insurance coverage, we require an updated payment method and the outstanding balance of **[\$[Amount Due]** to be paid by **[Due Date]**.

**How to update your information:**

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **In Person:** Visit our office at the address listed above.

Please note that a lapse in coverage could leave you unprotected in the event of a claim and may result in higher premiums in the future. If you have already updated your payment information or sent a check, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Agent Name/Billing Department]  
[Agency Name]