

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: IMPORTANT NOTICE: Policy Lapse Warning Due to Declined Payment

Dear [Policyholder Name],

This letter is to inform you that the recent attempt to process your payment for policy number **[Policy Number]** was declined by your financial institution.

As a result, your insurance coverage is currently at risk of lapsing. To keep your policy active and avoid a break in coverage, we require a successful payment of **[\$[Amount Due]** no later than **[Due Date]**.

Reason for Declined Transaction: [Insert Reason, e.g., Insufficient Funds / Expired Card]

Please update your payment information or provide an alternative payment method immediately by using one of the following options:

- **Online:** Visit [Website URL] and log into your account.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to [Payment Address].

If payment is not received by the date mentioned above, your policy will lapse effective **[Lapse Date]**. A lapse in coverage may result in the loss of protection and could lead to higher premiums in the future.

If you have already made this payment, please disregard this notice.

Sincerely,

[Sender Name/Department]

[Company Name]