[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: FINAL NOTICE: Urgent Action Required for Automatic Premium Payments

Dear [Policyholder Name],

Our records indicate that we have not yet received your authorization to set up automatic premium payments for your policy: **[Policy Number]**.

This is a final reminder that your current payment method is scheduled to expire or transition on **[Date]**. To ensure your insurance coverage remains active and to avoid any potential late fees or policy cancellation, you must enroll in our automatic payment system immediately.

How to set up your payments:

- **Online:** Log in to your account at [Website URL] and navigate to the "Billing" section.
- **Phone:** Call our automated service line at [Phone Number].
- **Mail:** Complete and return the enclosed authorization form.

Failure to set up automatic payments by **[Deadline Date]** may result in a lapse of coverage. If your policy lapses, you may be required to undergo a reinstatement process which could involve higher premiums or a gap in protection.

If you have already completed this setup within the last 24 hours, please disregard this notice.

If you have any questions or require assistance, please contact our Customer Service department at [Customer Service Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]