

## **URGENT: PAYMENT REMINDER**

Date: [Insert Date]

To: [Policyholder Name]

Address: [Customer Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This is an urgent reminder regarding your upcoming premium payment for the policy mentioned above.

### **Payment Details:**

- Premium Amount Due: [Insert Amount]
- Due Date: [Insert Date]

To ensure your coverage remains active and to avoid any lapse in benefits, please make your payment by the due date. If payment is not received by [Insert Grace Period Date], your policy may be subject to cancellation.

### **How to Pay:**

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Bank Transfer: [Insert Account Details]

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

Should you have any questions or require assistance, please contact our customer service team immediately at [Insert Contact Number].

Sincerely,

[Sender Name]

[Company Name]