Date: [Insert Date]

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

Subject: NOTICE OF PAST DUE PREMIUM

Dear [Customer Name],

This is a reminder that we have not yet received the premium payment for your [Type of Insurance/Coverage] policy, number [Policy Number].

According to our records, your payment was due on [Due Date]. To ensure that your coverage remains active and uninterrupted, please remit payment at your earliest convenience.

Account Summary:

- **Policy Number:** [Policy Number]
- **Past Due Amount:** $[Amount Due]
- **Original Due Date:** [Due Date]

You can make your payment via the following methods:

- **Online:** Visit [Website URL]
- **Phone:** Call [Phone Number]
- **Mail:** Send a check to [Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment or have questions regarding your bill, please contact our customer service department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]