[Date]

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

Subject: Notice of Failed Automatic Premium Withdrawal - Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that our recent attempt to withdraw your insurance premium via automatic bank transfer on [Date of Attempt] was unsuccessful. Our records indicate that the payment for the amount of $[Amount] was declined by your financial institution.

As a result, your premium payment remains outstanding. To ensure your insurance coverage remains active and to avoid any potential lapse in protection, please arrange for payment by [Deadline Date].

You can complete your payment through the following methods:

- Online through our customer portal at [Website URL]
- By calling our billing department at [Phone Number]
- By mailing a check to [Mailing Address]

Please also take a moment to review your banking information on file to ensure future withdrawals are processed successfully. Note that your bank may charge a fee for insufficient funds, and a late fee of $[Fee Amount] may be applied to your account by our company.

If you have already made this payment, please disregard this notice. If you have any questions, please contact our customer service team.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Information]