[Date]

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

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

Dear [Policyholder Name],

This letter is to inform you that our attempt to withdraw your insurance premium payment of $[Amount] on [Attempted Date] was unsuccessful. According to your financial institution, the transaction could not be completed due to [Reason, e.g., Insufficient Funds/Account Closed/Invalid Information].

To ensure that your insurance coverage remains active and to avoid any lapse in protection, please arrange for payment by [Due Date].

You may resolve this balance using one of the following methods:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to the address listed below.

Please also take a moment to review and update your banking information to prevent future payment failures. Note that a returned payment fee of $[Fee Amount] may have been applied to your account.

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

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Phone Number]