[Date]

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

Subject: URGENT - Notice of Declined Automatic Payment for Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your automatic payment scheduled on [Date] in the amount of $[Amount] was declined by your financial institution.

As a result, the premium for your insurance policy remains unpaid. To ensure your coverage stays active and to avoid potential cancellation or late fees, please provide an alternative method of payment as soon as possible.

How to make a payment:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our automated payment line at [Phone Number].
- **Mobile App:** Use the [Company Name] app.

Please also take a moment to review and update your banking or credit card information on file to prevent future payment failures. If you believe this decline occurred in error, please contact your bank directly.

If payment has already been made, please disregard this notice. If you have any questions, you can reach our customer service department at [Phone Number] between [Hours of Operation].

Sincerely,

[Company Name]
Billing Department
[Contact Information]