[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Notification of Returned Automatic Premium Payment - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your recent automatic premium withdrawal in the amount of $[Amount], scheduled for [Date of Withdrawal], was returned by your financial institution unpaid.

The return was noted for the following reason: [Reason, e.g., Insufficient Funds/Account Closed].

As a result of this returned payment, a processing fee of $[Fee Amount] has been applied to your account. Your current total balance due to keep your coverage active is $[Total Amount Due].

To ensure there is no lapse in your insurance coverage, please submit your payment by [Due Date] using one of the following methods:

- Online payment via our portal at [Website URL]
- Payment by phone at [Phone Number]
- Mailing a check or money order to the address listed below

If you have already sent a replacement payment, please disregard this notice. If you believe this return was made in error by your bank, please provide us with written documentation so we may update our records.

If you have any questions regarding this notification, please contact our Customer Service Department at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Sender Name/Department]
[Company Name]