[Date]

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

Subject: NOTICE OF FAILED PAYMENT - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that our recent attempt to withdraw the premium payment for your insurance policy from your bank account on [Attempted Date] was unsuccessful.

The financial institution provided the following reason for the failure: [Reason, e.g., Insufficient Funds / Account Closed].

Payment Details:

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

To ensure your insurance coverage remains active and to avoid any lapse in protection, please arrange for payment by [Deadline Date]. You can make a payment through 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 [Payment Address].

Please update your banking information if there have been any changes to your account to prevent future payment failures.

If you have already sent your payment, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

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