[Your Company Name/Logo]

[Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: NOTICE OF DECLINED AUTOMATIC PAYMENT

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]

Dear [Policyholder Name],

We are writing to inform you that our recent attempt to process your automatic bank deduction for your insurance premium was declined by your financial institution.

Transaction Details:

- **Attempt Date:** [Date of Attempt]
- **Amount Due:** $[Amount]
- **Reason for Decline:** [Reason provided by bank, e.g., Insufficient Funds/Invalid Account]

Your insurance coverage is currently at risk of cancellation if payment is not received by [Grace Period Deadline Date]. To ensure your protection remains active, please take one of the following actions immediately:

- Log in to our online portal at [Website URL] to make a one-time payment.
- Call our billing department at [Phone Number] to pay over the phone.
- Update your banking information to prevent future payment failures.

If you have already sent your payment or resolved this with your bank, please disregard this notice. If you have any questions regarding this alert, please contact our customer service team.

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]