[Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: NOTICE OF FAILED AUTOMATIC PREMIUM WITHDRAWAL

Policy/Account Number: [Number]

Dear [Policyholder Name],

This letter is to inform you that our recent attempt to withdraw your insurance premium payment of $[Amount] via automatic withdrawal on [Date] was unsuccessful. We were notified by your financial institution that the transaction could not be processed due to [Reason, e.g., Insufficient Funds/Account Closed/Invalid Information].

As a result, your account is currently past due. To ensure your coverage remains active and to avoid any potential lapse in policy benefits, please submit your payment immediately. You can fulfill this balance 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 the address listed at the top of this letter.

Please update your banking information if your account details have changed to prevent future payment failures. Please note that a returned item fee of $[Amount] may be applied to your account as a result of this failed transaction.

If you have already sent your payment, please disregard this notice. If you have any questions, please contact our Customer Service team at [Phone Number] between the hours of [Operating Hours].

Thank you for your prompt attention to this matter.

Sincerely,

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