Date: [Insert Date]

Subject: URGENT: Notice of Failed Payment and Potential Lapse in Coverage
Policy Number: [Insert Policy Number]
Account Number: [Insert Account Number]

Dear [Policyholder Name],

We are writing to inform you that your recent automatic bank transfer (ACH) for your insurance premium in the amount of $[Amount] was rejected by your financial institution on [Date of Rejection].

The reason provided for the rejection was: [Reason, e.g., Insufficient Funds].

Important: Your insurance coverage is at risk of cancellation.

To keep your policy active and avoid a lapse in coverage, please submit the outstanding payment no later than [Due Date]. You can make a payment using one of the following methods:

- **Online:** [Insert Website Link]
- **Phone:** Call us at [Insert Phone Number]
- **Mail:** Send a check to [Insert Mailing Address]

Please note that if payment is not received by the date mentioned above, your policy will be cancelled effective [Cancellation Date], and any claims filed after this date will not be covered.

If you have already sent your payment or believe this notice was sent in error, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Information]