Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]
Address: [Insert Address]
City, State, Zip: [Insert City, State, Zip]

Subject: Important Notice Regarding Your Policy Premium Payment

Dear [Insert Policyholder Name],

This letter is to inform you that our recent attempt to withdraw the premium payment for your insurance policy from your bank account was unsuccessful.

Policy Details:

- **Policy Number:** [Insert Policy Number]
- **Attempted Withdrawal Date:** [Insert Date]
- **Amount Due:** [Insert Amount]
- **Reason for Failure:** [Insert Reason, e.g., Insufficient Funds / Account Closed]

To ensure that your insurance coverage remains active and to avoid any potential lapse in benefits, please arrange for payment by [Insert Due Date].

You may settle the outstanding balance through the following methods:

- Online via our customer portal at [Insert Website URL]
- By phone at [Insert Phone Number]
- By mailing a check to the address listed above

If you have already made this payment or if you believe this notification is in error, please contact our billing department immediately at [Insert Contact Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Name/Department]
[Insert Company Name]