[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: IMPORTANT NOTICE - Unpaid Insurance Premium for Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that we were unable to process your scheduled automatic withdrawal on [Date] for your insurance premium in the amount of $[Amount].

According to our records, the transaction was unsuccessful due to [Reason, e.g., insufficient funds/expired card]. As a result, your premium payment remains outstanding.

To ensure your insurance coverage remains active and to avoid potential policy cancellation, please take one of the following actions by [Due Date]:

- Ensure sufficient funds are available for a second withdrawal attempt on [Date].
- Make a manual payment through our online portal at [Website URL].
- Contact our billing department at [Phone Number] to pay by phone.

Please note that failure to resolve this balance may result in a lapse in coverage, leaving you unprotected in the event of a claim.

If you have already made this payment, please disregard this notice.

Sincerely,

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