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

[Date]

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

Subject: Notice of Declined Credit Card Payment

Dear [Customer Name],

This letter is to inform you that the credit card payment attempted on [Date] in the amount of $[Amount] for [Invoice Number/Account Number] was declined by your financial institution.

Please note that we have not been provided with a specific reason for the decline. Common reasons include expired card information, insufficient funds, or a security block from your bank.

To ensure your account remains in good standing and to avoid any interruption in service or late fees, we kindly request that you provide an alternative form of payment or update your credit card details by [Due Date].

You may update your payment information via the following methods:

- Online through our secure portal: [Website URL]
- By phone: [Phone Number]
- By mailing a check to the address listed above

If you have already resolved this issue or made a payment recently, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]