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

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

Subject: First Notice: Declined Payment for Account [Account Number]

Dear [Customer Name],

This letter is to inform you that the credit card payment scheduled for [Date of Transaction] in the amount of $[Amount] was declined by your financial institution.

As a result, your balance for the billing period of [Billing Period] remains unpaid. To avoid any potential interruption to your services or late fees, we request that you update your payment information or provide an alternative method of payment as soon as possible.

Action Required:

- Log in to your online portal at [URL] to update your credit card details.
- Contact our billing department at [Phone Number] to process the payment over the phone.
- Verify with your bank if there are any restrictions preventing this transaction.

If you have already made this payment or updated your information within the last 24 hours, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]
[Company Name]