[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Notice of Declined Credit Card Payment - Policy #[Policy Number]

Dear [Policyholder Name],

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

As a result, your premium payment has not been received. To ensure that your insurance coverage remains active and to avoid potential cancellation or late fees, please provide an alternative method of payment as soon as possible.

Action Required:

- Update your payment information via our website at [Website URL].
- Call our billing department at [Phone Number] to pay over the phone.
- Mail a check or money order to the address listed on your billing statement.

Please complete this payment by [Due Date] to prevent any lapse in your auto insurance coverage.

If you have already made a payment or believe this notice was sent in error, please contact us immediately.

Sincerely,

[Your Name/Company Name]
[Department]
[Contact Information]