[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: IMPORTANT NOTICE - Declined Payment for Policy #[Policy Number]

Dear [Policyholder Name],

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

As a result, your premium remains unpaid. To ensure that your insurance coverage continues without interruption, please provide an alternative method of payment as soon as possible.

Payment Details:
Date Attempted: [Date]
Transaction Amount: $[Amount]
Reason Provided: [Reason, e.g., Insufficient Funds / Expired Card]

Please log in to your online account at [Website URL] or call our billing department at [Phone Number] to update your payment information. Failure to resolve this balance by [Due Date] may result in the cancellation of your policy for non-payment.

If you have already sent a replacement payment, please disregard this notice.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Phone Number]