[Date]

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

Subject: IMPORTANT NOTICE - Life Insurance Premium Payment Declined

Dear [Policyholder Name],

We are writing to inform you that your recent credit card payment for your life insurance policy was declined by your financial institution.

Policy Details:

- Policy Number: [Policy Number]
- Payment Amount: $[Amount]
- Attempted Date: [Date of Decline]

To ensure your life insurance coverage remains active and does not lapse, please provide an alternative payment method or update your credit card information by [Grace Period Deadline Date].

How to make a payment:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to [Mailing Address].

If you have already made a payment or believe this notice is an error, please contact us immediately so we can update your records.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Customer Service Phone Number]