[Date]

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

RE: NOTICE OF DECLINED PAYMENT

Policy Number: [Policy Number]
Amount Due: $[Amount]
Transaction Date: [Date of Transaction]

Dear [Contact Name],

This letter is to inform you that the credit card payment attempted on [Date] for your commercial insurance policy was declined by your financial institution.

As a result, your account is currently past due. To ensure that your insurance coverage remains active and to avoid potential cancellation for non-payment, please provide an alternative form of payment immediately.

You may resolve this balance by:

- Paying online through our portal at: [Website Link]
- Calling our billing department at: [Phone Number]
- Mailing a check to the address listed above.

If payment has already been sent, please disregard this notice. If you have any questions regarding this decline, please contact your credit card issuer directly.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]