[Date]

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

Subject: Notice of Declined Payment and Account Expiration

Dear [Customer Name],

We are writing to inform you that your recent payment for [Service/Account Name] was declined by your credit card provider. As a result, your account has officially expired and your access to [Service Name] has been suspended.

This payment failure may have occurred due to one of the following reasons:

- Insufficient funds
- An expired credit card
- Updated billing information required
- Bank security restrictions

To reactivate your account and restore your services immediately, please log in to your account portal at [URL] and update your payment information. Once a successful payment is processed, your access will be automatically restored.

If you have already made a payment or believe this is an error, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]