

[Date]
[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: NOTICE OF PENDING CANCELLATION - RETURNED CHECK
Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your recent payment for the insurance policy listed above has been returned by your financial institution unpaid. The reason provided for the return was: [Reason, e.g., Insufficient Funds].

As a result, your premium payment has not been applied. Please be advised that your insurance coverage is scheduled to be **cancelled effective [Date of Cancellation] at 12:01 AM** unless we receive the total amount due before that time.

Payment Requirements:

- Unpaid Premium Amount: \$[Amount]
- Returned Check Fee: \$[Amount]
- **Total Amount Due: \$[Total Amount]**

To prevent the cancellation of your coverage, please provide payment via [Accepted Methods, e.g., Certified Check, Money Order, or Credit Card] no later than [Due Date]. We can no longer accept a personal check for this specific transaction.

If payment is not received by the deadline, your policy will lapse, and a gap in coverage may occur. This could affect your rates or eligibility for future coverage.

If you have already sent a replacement payment, please contact our office immediately at [Phone Number] to confirm receipt.

Sincerely,

[Name/Department]
[Insurance Agency/Company Name]