

[Insurance Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: NOTICE OF RETURNED PAYMENT AND PENDING CANCELLATION

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Check/Transaction Number: [Number]
Amount: \$[Amount]

Dear [Policyholder Name],

This letter is to inform you that the payment recently submitted for your auto insurance policy has been returned by your financial institution due to Insufficient Funds (NSF).

As a result, the payment has not been credited to your account. Your policy is now past due. To maintain your coverage and prevent the cancellation of your insurance, we require a replacement payment immediately.

Total Amount Due: \$[Total Amount including NSF Fee]
Due Date: [Date]

Please note that a returned check fee of \$[Fee Amount] has been applied to your account. To ensure your coverage remains active, please submit payment via credit card, money order, or certified check. We cannot re-process the original check.

Warning: Failure to receive the full payment by the date listed above will result in the cancellation of your auto insurance policy effective [Cancellation Time/Date]. Driving without insurance is illegal and may result in fines or the suspension of your vehicle registration.

If you have already sent a replacement payment, please disregard this notice. If you have questions, please contact our billing department at [Phone Number].

Sincerely,

[Name/Department]
[Insurance Company Name]