

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

URGENT: Notice of Uncollected Premium Funds

Policy Number: [Insert Policy Number]
Premium Due Date: [Insert Date]
Amount Due: \$[Insert Amount]

Dear [Policyholder Name],

This is an urgent notification regarding your insurance premium payment. Our records indicate that your recent payment attempt for the amount of \$[Insert Amount] was returned by your financial institution as "Uncollected Funds" or "Insufficient Funds."

As a result, your premium payment has not been applied to your account. To maintain your insurance coverage and prevent the cancellation of your policy, we require immediate payment of the outstanding balance, plus any applicable return item fees.

Action Required:

Please submit a replacement payment no later than [Insert Deadline Date]. You can make a payment through the following methods:

- Online Portal: [Insert Website Link]
- Phone: [Insert Phone Number]
- In Person: [Insert Office Address]

Failure to resolve this balance by the date specified above may result in a lapse in coverage or the formal cancellation of your policy. If a loss occurs while your policy is lapsed, you will not be covered.

If you have already sent a replacement payment, please disregard this notice. If you believe this notice was sent in error, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Your Name/Department]
[Your Company Name]