

[Brokerage Name]
[Brokerage Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Bank Rejection for Premium Payment

Policy Number: [Policy Number]
Check Number: [Check Number]
Amount: \$[Amount]

Dear [Policyholder Name],

We are writing to inform you that your recent check payment for the insurance premium on the above-referenced policy was returned by your financial institution.

The bank cited the following reason for the rejection: [Reason for Rejection, e.g., Insufficient Funds].

As a result of this rejection, your premium remains unpaid. To ensure that your insurance coverage remains active and to avoid potential cancellation or late fees, please provide a replacement payment by [Due Date].

You may remit payment via the following methods:

- Online Portal: [Website URL]
- Phone: [Phone Number]
- Certified Check or Money Order mailed to our office address listed above.

Please note that a returned check fee of \$[Fee Amount] has been applied to your account.

If you have already sent a replacement payment, please disregard this notice. If you believe this rejection was made in error by your bank, please contact us immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Brokerage Name]