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

[Date]

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

Subject: Reminder - Auto Insurance Premium Payment Overdue

Dear [Policyholder Name],

This is a friendly reminder that we have not yet received the premium payment for your auto insurance policy, number **[Policy Number]**. According to our records, your payment was due on **[Due Date]**.

Payment Details:
Amount Due: $[Amount]
Original Due Date: [Due Date]

To ensure your coverage remains active and to avoid any potential lapse in insurance, please submit your payment as soon as possible. You can make a payment through one of the following methods:

- **Online:** Log in to your account at [Website URL]
- **Phone:** Call us at [Phone Number]
- **Mail:** Send a check to the address listed at the top of this letter

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our customer service team immediately so we can assist you.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]