[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Notice of Cancellation - Auto Insurance Policy #[Policy Number]

Dear [Insured Name],

This letter serves as formal notification that your automobile insurance policy is scheduled for cancellation due to non-payment of the premium.

Our records indicate that your account is currently overdue in the amount of $[Amount Due]. Despite previous notices, we have not received the required payment.

Cancellation Details:

- **Policy Number:** [Policy Number]
- **Cancellation Effective Date:** [Date]
- **Cancellation Effective Time:** [Time, e.g., 12:01 AM]

To prevent the cancellation of your coverage, we must receive the full payment of $[Amount Due] no later than [Date].

Please be advised that if your policy is cancelled, you will no longer have insurance coverage for your vehicle. Operating a motor vehicle without valid insurance is illegal in most states and may result in fines or the suspension of your driver's license.

If you have already sent your payment, please disregard this notice. If you wish to make a payment via phone or have any questions, please contact our billing department at [Phone Number].

Sincerely,

[Agent/Representative Name]
[Insurance Company Name]
[Contact Information]