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

[Date]

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

Policy Number: [Policy Number]
Amount Overdue: $[Amount]
Due Date: [Original Due Date]

Dear [Customer Name],

Thank you for being a valued [Company Name] policyholder. We are writing to remind you that we have not yet received the premium payment for your auto insurance policy, which was due on [Original Due Date].

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

- Online: [Link to Payment Portal]
- Phone: [Customer Service 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, please contact our support team to discuss available payment arrangements.

We appreciate your business and look forward to continuing to provide you with excellent service.

Sincerely,

[Sender Name/Department]
[Company Name]