[Date]

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

Subject: Extension of Grace Period and Offer for Account Reinstatement

Dear [Recipient Name],

This letter is regarding your account [Account/Policy Number], which is currently past due. Our records indicate that your payment of [Amount Due] was scheduled for [Original Due Date].

We value your continued partnership and understand that temporary financial challenges can occur. Therefore, we are pleased to offer you a one-time extension of your grace period until [Extension Expiry Date].

Reinstatement Offer Details:

- **Extension Deadline:** [Date]
- **Total Amount Due for Reinstatement:** [Total Amount including any fees]
- **Payment Method:** [List accepted payment methods]

If full payment is received by the deadline mentioned above, your account will be fully reinstated without a lapse in [service/coverage]. Please note that if payment is not received by [Date], your account will be [canceled/terminated] effective immediately.

To make a payment or to discuss a long-term payment plan, please contact our billing department at [Phone Number] or visit [Website Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]
[Company Name]