

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

[Date]

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

**RE: Payment Due Notice**

Policy Number: [Policy Number]  
Insurance Carrier: [Carrier Name]  
Due Date: [Date Payment is Due]

Dear [Insured Name],

This is a friendly reminder that a payment is currently due for the insurance policy referenced above. According to our records, your policy is set up for **Direct Billing**, meaning payments must be made directly to the insurance carrier.

**Amount Due: \$[Amount]**

To ensure your coverage remains active and to avoid any potential lapse or cancellation, please submit your payment by the due date. You may pay using one of the following methods:

- **Online:** Visit [Carrier Website URL]
- **Phone:** Call the carrier directly at [Carrier Billing Phone Number]
- **Mail:** Send your check to the address listed on your official carrier invoice

If you have already sent your payment, please disregard this notice. If you have questions regarding your billing statement or need to discuss payment options, please contact our office at [Agency Phone Number].

Thank you for choosing [Agency Name] for your insurance needs.

Sincerely,

[Agent Name/Agency Department]  
[Agency Name]