

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

[Date]

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

RE: FINAL NOTICE - PAST DUE ACCOUNT

Policy Number: [Policy Number]
Balance Due: \$[Amount]

Dear [Customer Name],

Our records indicate that your account is currently past due. Despite previous notifications, we have not yet received payment for the amount listed above.

Please be advised that this is an **Agency Direct Bill Warning**. Failure to remit payment immediately may result in the following actions:

- Cancellation of your insurance coverage.
- Loss of any applicable multi-policy or renewal discounts.
- Referral of your account to an external collection agency.

To avoid these consequences and ensure your coverage remains active, please submit your payment by [Deadline Date]. Payments can be made via [Payment Methods, e.g., Phone, Website, or In-Person].

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding this balance, please contact our office immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Agency Name]