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

[Date]

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

RE: Notice of Missed Electronic Funds Transfer (EFT)
Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your scheduled premium payment of $[Amount], which was due on [Original Due Date] via Electronic Funds Transfer (EFT), was not successful. Our records indicate that the transaction was declined by your financial institution for the following reason: [Reason, e.g., Insufficient Funds].

To ensure your coverage remains active and to avoid any potential lapse, we have rescheduled this premium withdrawal. Please ensure that sufficient funds are available in your account to cover the premium and any applicable bank fees.

New Rescheduled Withdrawal Date: [New Date]
Total Amount to be Withdrawn: $[Total Amount including any fees]

If you have already made this payment through another method or if you believe this notification is in error, please contact our Customer Service Department at [Phone Number] between [Business Hours].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Company Name]