[Current Date]

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

Subject: Notification of Missed Payment and Rescheduling of Electronic Funds Transfer (EFT)

Dear [Policyholder Name],

We are writing to inform you that your recent insurance premium payment for Policy Number [Policy Number], scheduled for [Original Withdrawal Date], was unsuccessful. The attempt to withdraw the amount of $[Amount] via Electronic Funds Transfer (EFT) was returned by your financial institution as unpaid.

To ensure your coverage remains active and to avoid potential policy cancellation, we have rescheduled this withdrawal. We will attempt to process the payment again on the following date:

Rescheduled Withdrawal Date: [New Date]

Please ensure that sufficient funds are available in your account on this date to cover the premium amount plus any applicable late or returned item fees. If the payment is successful on this second attempt, no further action is required from you.

If you have already sent a payment by other means, or if you believe this notification is in error, please contact our Customer Service Department immediately at [Phone Number] or visit our online portal at [Website URL].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]