[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Notification of Missed Payment and Rescheduling of EFT

Dear [Policyholder Name],

This letter is to inform you that your recent automatic Electronic Funds Transfer (EFT) payment for auto insurance policy **#[Policy Number]**, scheduled for [Original Date], was unsuccessful due to [Reason, e.g., Insufficient Funds].

To ensure your coverage remains active and to avoid any potential lapse, we have rescheduled this withdrawal. Please ensure that sufficient funds are available in your account on the new date provided below:

- **Original Amount:** $[Amount]
- **NSF/Late Fee (if applicable):** $[Fee Amount]
- **Total New Draft Amount:** $[Total Amount]
- **Rescheduled Draft Date:** [New Date]

If you have already made this payment through another method or if you believe this is an error, please contact our billing department immediately at [Phone Number] or log in to your account at [Website URL].

Thank you for your prompt attention to this matter.

Sincerely,

[Company Name]
[Billing Department]
[Contact Email/Phone]