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

[Date]

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

RE: Notice of Unsuccessful Payment and Premium Rescheduling
Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your recent Electronic Funds Transfer (EFT) payment scheduled on [Original Date] in the amount of $[Amount] was unsuccessful. Our records indicate that the payment was returned by your financial institution due to [Reason for Failure, e.g., Insufficient Funds].

To ensure your insurance coverage remains active and to avoid potential policy cancellation, we have rescheduled the collection of this premium. The new withdrawal attempt is scheduled as follows:

- **New Withdrawal Date:** [New Date]
- **Total Amount to be Deducted:** $[Amount + Fees, if applicable]

Please ensure that sufficient funds are available in your account by the date listed above. Please note that your bank may charge a separate fee for the returned item, and an administrative fee of $[Fee Amount] has been added to your balance (if applicable).

If you have already made a payment or believe this notice is in error, please contact our office immediately at [Phone Number] or email us at [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Agent Name/Agency Billing Department]
[Agency Name]