[Date]

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

RE: Notice of Rescheduled EFT Payment
Policy Number: [Policy Number]
Account Number: [Account Number]

Dear [Policyholder Name],

This letter is to inform you that the Electronic Funds Transfer (EFT) payment for your commercial insurance policy has been rescheduled.

Original Scheduled Date: [Original Date]
New Scheduled Date: [New Date]
Payment Amount: $[Amount]

No action is required on your part. We will attempt to withdraw the funds from your designated bank account on the new scheduled date listed above. Please ensure that sufficient funds are available to avoid any potential late fees or interruption in coverage.

If you have already made this payment through another method, or if you have questions regarding this change, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your business.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]