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

[Date]

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

RE: Partial Payment Received - Balance Due Notice

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]

Dear [Policyholder Name],

We are writing to acknowledge that we received your payment of $[Amount Received] on [Date Received]. Thank you for your payment.

Please be advised that this payment only partially covers the total premium due for your auto insurance policy. Our records show a remaining balance of **$[Remaining Balance]**.

To ensure your coverage remains active and to avoid any potential lapse in protection or late fees, please remit the remaining balance by **[Due Date]**.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please use the enclosed payment coupon and envelope.

If you have already sent the remaining balance, please disregard this notice. If you have any questions regarding your billing or would like to discuss a payment plan, please contact our billing department at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Company Name]