[Date]

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

Subject: Receipt of Partial Payment and Remaining Balance Due

Dear [Customer Name],

Thank you for your recent payment of $[Amount Paid] received on [Date Received] regarding the renewal of your policy, number [Policy Number].

We are writing to inform you that this amount covers a portion of your total renewal premium. To ensure your coverage remains active and your policy is fully renewed, please find the details of your remaining balance below:

- **Total Renewal Premium:** $[Total Amount]
- **Amount Received:** $[Amount Paid]
- **Remaining Balance Due:** $[Balance Amount]
- **Payment Due Date:** [Due Date]

Please submit the remaining balance by the due date listed above to avoid any lapse in coverage. You can make your payment through our online portal, by phone at [Phone Number], or by mail using the enclosed envelope.

If you have already sent the remaining payment, please disregard this notice. If you have any questions or need to discuss payment options, please contact our customer service team.

Thank you for your continued business.

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]