

Date: [Insert Date]

Subject: URGENT: Action Required to Prevent Account Freeze

Dear [Customer Name],

We are writing to notify you of an outstanding requirement regarding your account: [Account Number].

To comply with [Regulatory/Policy Name], we require the following action to be completed by [Deadline Date]:

- [Action Item 1: e.g., Update Identification Documents]
- [Action Item 2: e.g., Verify Contact Information]
- [Action Item 3: e.g., Complete Periodic Review Form]

Warning: Failure to complete these actions by the date specified will result in a temporary freeze on your account. During a freeze, you will be unable to [List Restrictions, e.g., withdraw funds, make transfers, or use your debit card].

To prevent this account freeze, please log in to your portal at [Website Link] or visit your local branch immediately.

If you have already submitted the required documentation, please disregard this notice as we process your request.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]