[Date]

[Recipient Name]
[Title]
[Institution Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Late Payment Penalty - Deposit Insurance Assessment

Dear [Recipient Name],

This letter serves as official notice that the deposit insurance assessment for the period ending [Date] was not received by the established deadline of [Due Date].

Pursuant to [Relevant Regulation/Law Reference], a late payment penalty has been applied to your account. The details of the delinquency are as follows:

- **Assessment Period:** [Period]
- **Original Amount Due:** $[Amount]
- **Payment Received Date:** [Date/Pending]
- **Penalty Amount:** $[Amount]
- **Interest Charges:** $[Amount]
- **Total Balance Due:** $[Total Amount]

Please remit the total balance due no later than [New Due Date] to avoid further penalties or administrative action. Payments can be made through the [Name of Payment System] or via wire transfer using the attached instructions.

If you believe this penalty has been assessed in error, or if there were extenuating circumstances regarding the delay, you may submit a written appeal to the [Department Name] within [Number] business days of receiving this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Sender Name]
[Sender Title]
[Agency/Organization Name]