

URGENT: PAYMENT NOTICE

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: NOTICE OF OVERDUE PREMIUM - Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This is an urgent reminder that we have not yet received the premium payment for the policy referenced above. Your payment was due on [Insert Due Date].

Account Summary:

- Current Amount Due: [Insert Amount]
- Late Fee (if applicable): [Insert Amount]
- **Total Balance Due: [Insert Total Amount]**

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please submit your payment immediately. Failure to pay by [Insert Grace Period End Date] may result in the cancellation of your policy.

Payment Options:

- Online: Visit [Insert Website URL]
- Phone: Call [Insert Phone Number]
- Mail: Send a check to [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Your Name/Company Name]

[Billing Department]

[Contact Information]