

[Sender Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address Line 1]
[Recipient Address Line 2]

RE: Itemized Detail of Missed Trial Period Payments

Account Number: [Account Number]
Trial Plan ID: [Plan ID]

Dear [Recipient Name],

This letter provides a formal itemization of the payments missed during your trial period. According to our records, the following installments were not received as scheduled under the terms of your trial agreement:

Due Date	Description	Amount Due
[Date 1]	Trial Payment Installment #1	[\$[Amount]]
[Date 2]	Trial Payment Installment #2	[\$[Amount]]
[Date 3]	Trial Payment Installment #3	[\$[Amount]]
Total Past Due Balance		[\$[Total Amount]]

Failure to bring the trial account current may result in the cancellation of the trial program and the reinstatement of the original payment terms or collection activities.

Please submit the total balance due by [Deadline Date] to remain eligible for the program. If you have already sent this payment, please disregard this notice.

If you believe there is an error in this itemization or if you are experiencing further financial hardship, please contact our billing department immediately at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]