

Swift Premium Payment Demand

Date: [Insert Date]

To,

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Demand for Premium Payment

Dear [Recipient's Name],

This letter serves as a formal demand for the outstanding premium payment for your policy number [Insert Policy Number]. According to our records, the payment due on [Insert Due Date] remains unpaid.

The total amount owed is [Insert Amount]. Please be reminded that timely payment is essential to maintain your coverage and avoid any potential lapse in your policy.

We kindly urge you to remit the payment by [Insert Final Due Date] to prevent any further actions. Payments can be made via [Insert Payment Methods].

If you have already made the payment, please disregard this notice. Should you have any questions or require further clarification, do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Company Address]
[City, State, Zip Code]