

Notification of Changes in Insurance Payment Terms

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you of important changes to your insurance payment terms.

Effective [Effective Date], the following changes will take place:

- **New Payment Frequency:** Payments will now be due [Monthly/Quarterly/Annually].
- **Payment Methods:** Accepted payment methods will include [Credit Card, Bank Transfer, etc.].
- **Late Payment Policy:** A late fee of [Amount] will be applied for payments made after [Due Date].

We understand that changes in payment terms can be challenging. Our team is here to help you with any questions or concerns you may have regarding these updates.

Thank you for your continued trust in us. We appreciate your understanding and cooperation as we implement these changes.

Sincerely,
[Your Name]
[Your Title]
[Company Name]
[Contact Information]