[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Insurance Company Name]
[Department Name]
[Address]
[City, State, Zip Code]

Subject: URGENT: Request for Signature to Cancel Policy [Policy Number]

To Whom It May Concern,

I am writing to formally request the immediate cancellation of my insurance policy, number [Policy Number], effective [Date].

Please find the attached cancellation forms. I require an authorized signature from your department to finalize this request and ensure that no further premiums are deducted from my account after the effective date mentioned above.

Due to the time-sensitive nature of this cancellation, I ask that you sign and return a copy of the acknowledgment to me via email at [Your Email] or fax at [Your Fax Number] within [Number] business days.

Please confirm once the cancellation has been processed and provide a statement regarding any pro-rated refunds due to me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]