

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name/Insurance Provider]

[Department Name]

[Recipient Address]

[City, State, Zip Code]

RE: Notice of Service Discontinuation and Policy Cancellation

Dear [Recipient Name or Customer Service Department],

Please accept this letter as formal notification that I am discontinuing my use of [Name of Service/Product] and wish to cancel my associated insurance policy, effective [Effective Date of Cancellation].

Account/Policy Details:

- **Policy Number:** [Insert Policy Number]
- **Account Number:** [Insert Account Number]
- **Service Type:** [Insert Type of Service]

I am requesting the termination of all automated payments and billing cycles related to this account as of the date mentioned above. Please provide written confirmation that this cancellation has been processed and that no further charges will be applied.

If there is an unused portion of a premium that has already been paid, please issue a refund check to my mailing address listed above within [Number] business days.

Thank you for your prompt attention to this matter. If you require any further information, please contact me directly at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]