

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

[Date]

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

**Subject: Required Signature for Cancellation of [Account/Policy/Service Number]**

Dear [Recipient Name],

I am writing to formally request the cancellation of my [Type of Service, e.g., membership, insurance policy, subscription] associated with account number [Account Number], effective as of [Cancellation Date].

Please find my formal signature below as required to authorize this termination. I request that all future billing and automatic withdrawals be stopped immediately. Please provide a written confirmation that this cancellation has been processed and that no further charges will occur.

Thank you for your prompt attention to this matter.

Sincerely,

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[Your Handwritten Signature]

[Your Printed Name]