

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

[Date]

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

RE: Policy Cancellation Notice

Policy Number: [Your Policy Number]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my insurance policy, effective immediately. I am requesting this cancellation following the notification that my recent payment via check (Check #[Number]) was returned due to insufficient funds.

I have decided not to renew or continue this policy. Please stop all future billing and automatic withdrawals associated with this account.

Please send me a written confirmation within 30 days stating that the policy has been cancelled and confirming if there is any outstanding balance or if a pro-rated refund is due for any prepaid premiums.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]