

Request to Cancel Unauthorized Insurance Transaction

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to request the cancellation of an unauthorized insurance transaction that was processed under my name on [Insert Transaction Date]. I did not authorize this transaction and believe it to be a mistake.

Transaction Details:

- Policy Number: [Insert Policy Number]
- Transaction Date: [Insert Transaction Date]
- Amount Charged: [Insert Amount]

I kindly ask that you investigate this matter and take the necessary steps to cancel the transaction and ensure that no further charges are applied to my account. Please confirm the cancellation in writing at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]