

Cancellation Request for Automatic Premium Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Customer Service"],

I am writing to formally request the cancellation of my automatic premium payments for my insurance policy, [Policy Number]. Please consider this letter as my official notice to cease all future automatic transactions associated with my account.

As per the terms of my policy, I understand that I am required to provide written notice to initiate this cancellation. I would appreciate an acknowledgment of this cancellation and confirmation that no further payments will be processed from my account.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or confirmation regarding this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]