

Withdrawal from Prescription Drug Rebate Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally withdraw my participation from the Prescription Drug Rebate Program effective immediately. My details are as follows:

Participant ID: [Your Participant ID]

Program Enrollment Date: [Enrollment Date]

Please confirm the receipt of this withdrawal and ensure that my information is removed from your records. I appreciate the services provided during my participation in the program.

Thank you for your attention to this matter.

Sincerely,

[Your Name]