

Financial Policy Cancellation Letter

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 [Insurance Company Representative's Name],

I am writing to formally request the cancellation of my financial policy with [Insurance Company Name], policy number [Insert Policy Number], effective immediately.

Due to [briefly state reason if desired], I have decided it is in my best interest to cancel this policy.

Please confirm the cancellation of my policy and provide any necessary documentation regarding the status of my account. I also request that any outstanding premiums be calculated and communicated to me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]