

# Cancellation of Medical Alert Service

Date: **[Insert Date]**

To,

Customer Service

[Medical Alert Service Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to formally request the cancellation of my medical alert service, effective immediately. My account details are as follows:

**Account Holder's Name:** [Your Full Name]

**Account Number:** [Your Account Number]

**Service Address:** [Your Address]

As per the terms and conditions of the service, I would appreciate a confirmation of this cancellation at your earliest convenience. If there are any final charges or procedures that I need to complete, please inform me.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Contact Information]