Cancellation Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter is to confirm the cancellation of my subscription to the medical alert program, effective immediately. My account number is [insert account number].

Thank you for your services, and please let me know if there are any further actions required on my part.

Sincerely,

[Your Name]