

Discontinuation of Subscription

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Customer Service

[Medical Alert System Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to formally request the discontinuation of my subscription for the Medical Alert System, effective immediately. My account details are as follows:

Account Name: [Your Name]

Account Number: [Account Number]

Due to [brief reason for discontinuation], I have decided to terminate my subscription. I would appreciate your confirmation of this request and any further steps I need to undertake.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]