

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Date

Customer Service
Company Name
Company Address
City, State, Zip Code

Dear Customer Service,

I am writing to formally request the cancellation of my medical alert subscription with your company, effective immediately. My account number is [Your Account Number].

Please confirm the cancellation of my subscription and ensure that no further charges will be applied to my account. Additionally, kindly provide instructions regarding the return of any equipment associated with the service.

Thank you for your attention to this matter. I look forward to receiving a confirmation of the cancellation soon.

Sincerely,
[Your Name]