

Cancellation Request for Medical Alert System

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Company Name/Customer Service Team],

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

Account Name: [Your Account Name]

Account Number: [Your Account Number]

Please confirm the cancellation of my service and let me know if there are any further actions required on my part. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]