

Request to End Medical Alert Service

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Customer Service Department

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to formally request the cancellation of my medical alert service with the account number [Account Number]. Please consider this letter as my official notice to terminate the service, effective immediately.

I appreciate the services you have provided, but I have decided to discontinue my subscription due to [brief reason, if desired].

Kindly confirm the cancellation of my account and any final billing that may be necessary. If you require any additional information or paperwork, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]