

# Termination Request

Date: [Insert Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the termination of my subscription to the Health Monitoring Alert Service, effective immediately. My account details are as follows:

Account Name: [Your Name]

Account Number: [Your Account Number]

Please confirm the cancellation of my subscription and ensure that no further charges will be processed to my payment method. If there are any final steps I need to take, kindly inform me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]