

Loan Cancellation Request

Sender's Name: [Your Name]

Sender's Address: [Your Address]

City, State, Zip Code: [City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

To:

[Lender's Name]

[Lender's Address]

City, State, Zip Code: [City, State, Zip]

Subject: Request for Cancellation of Medical Expense Loan

Dear [Lender's Name],

I hope this message finds you well. I am writing to formally request the cancellation of my medical expense loan, originally taken on [Loan Date], under the account number [Loan Account Number].

Due to unforeseen circumstances regarding my medical situation, I find myself unable to proceed with the loan terms that were initially agreed upon. I kindly ask you to process my request for cancellation at your earliest convenience.

Please let me know if there are any forms or further information you require to facilitate this process. I appreciate your understanding and assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]