

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the discontinuation of my automatic payment plan associated with my account, [Your Account Number].

Due to [brief explanation of your reasons, e.g., unexpected financial circumstances, changes in my personal situation, etc.], I am no longer able to maintain the automatic payment arrangement at this time. I kindly ask that you cease the automatic withdrawals from my account effective immediately.

I appreciate your understanding in this matter and would like to inquire about any alternative payment arrangements that may be available. Please confirm receipt of this request and the cancellation of my automatic payment plan at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]