

Inquiry About Stopping Scheduled Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the process for stopping my scheduled payments for [describe the service/product, e.g., membership, loan, etc.]. My account details are as follows:

Account Number: [Insert Account Number]

Scheduled Payment Amount: [Insert Amount]

Due to [briefly explain the reason, e.g., financial difficulty, change in service, etc.], I would like to request that my scheduled payments be halted effective immediately. I would appreciate your guidance on how to proceed with this request and any necessary forms I may need to fill out.

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

Sincerely,

[Your Name]