

Request for Antivirus Service Cessation

Date: [Insert Date]

To,

[Service Provider Name]
[Service Provider Address]
[City, State, ZIP Code]

Dear [Service Provider Contact Name],

I am writing to formally request the cessation of antivirus services provided by your company for my account [Account Number/ID]. After careful consideration, I have decided to discontinue the service effective immediately.

Please ensure that no further charges are applied to my account and confirm the cancellation of the service via email to [Your Email Address].

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

Sincerely,
[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Phone Number]
[Your Email Address]