

Autopay Cancellation Request

Date: [Insert Date]

To,

Customer Service Department

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Autopay Cancellation for Insurance Premiums

Dear [Customer Service Team/Specific Contact Name],

I am writing to formally request the cancellation of the autopay feature for my insurance premiums associated with policy number [Your Policy Number]. I would like this cancellation to take effect immediately or as soon as possible.

Please confirm the cancellation of the autopay and advise if there are any further steps I need to complete on my end. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]