

Autopay Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Service Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Service Provider Name],

I am writing to request the cancellation of my autopay arrangement for my internet service account. My account number is [Your Account Number]. I would like my autopay to be canceled effective immediately.

Please confirm the cancellation of my autopay and ensure that no further charges will be made to my payment method. If you require any further information, feel free to contact me at the phone number or email address provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]