

Withdrawal from Consumer Credit Counseling Program

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Credit Counseling Service Name]

[Service Address]

[City, State, Zip Code]

Dear [Counselor's Name or Program Administrator],

I am writing to formally notify you of my decision to withdraw from the consumer credit counseling program, effective immediately. My client ID is [Your Client ID].

I appreciate the assistance and guidance provided during my time in the program; however, I believe it is in my best interest to discontinue my participation at this time.

Please ensure that my account is closed, and confirm this action by sending me a written statement. If there are any final details to address, do not hesitate to reach out to me at the contact information provided above.

Thank you for your understanding.

Sincerely,

[Your Name]