

Letter to Rescind Check Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request the rescindment of check payment made to [Recipient/Company Name] on [Date of Check]. The check number is [Check Number], in the amount of [Check Amount].

Due to [a brief explanation of the reason for rescinding the check], I would like to request that this payment be canceled.

Please confirm the rescindment of this check at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]