

Automatic Payment Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request the cancellation of my automatic payment for [Service/Product Name] associated with account number [Account Number].

Due to [reason for cancellation], I wish to stop any further automatic deductions from my account effective immediately.

Please confirm the cancellation of this automatic payment and ensure that no further charges are processed.

Thank you for your attention to this matter.

Sincerely,

[Your Name]