

# Request to Halt Automatic Payment

Date: [Insert Date]

To: [Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the cessation of automatic payment processing for my account associated with [Your Account Number or ID] effective immediately.

Due to [brief explanation of reason, e.g., financial constraints, change in service, etc.], I would like to ensure that no further transactions are processed from my account.

Should you require any additional information to process this request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]