{Date}

{Insurance Company Name}

{Insurance Company Address}

{City, State, Zip Code}

Re: Cancellation of Policy

Dear {Mr./Mrs./Ms. Last Name},

Insured: {Your Insured Name}

Policy Number: {Insert Your Policy Number}

Policy Period: {Insert Start and End Dates of Your Coverage}

I am writing to request a cancellation of the policy captioned above to be effective as of {date you wish the cancellation to take effect}. I no longer authorize {company name} to directly withdraw any future premiums from my account, {account number}.

The reason for the cancellation is {state cancellation reasons}. Please return any unused premium to {insert address} and send me a written confirmation of this cancellation within {period}.

If you have any questions, contact me at {contact information}.

I look forward to your prompt attention to this matter.

Sincerely,

{Your Name}

{Telephone Number}