**INSURANCE CANCELLATION LETTER**

**From:**

**[NAME]**

**[ADDRESS]**

**[INSERT DATE]**

**[EMAIL ADDRESS]**

**[PHONE NUMBER]**

**To:**

**[INSURANCE COMPANY NAME]**

**[ADDRESS]**

**[PHONE NUMBER]**

**RE: [POLICY NUMBER] Cancellation**

Dear [INSERT RECIPIENT NAME],

I am sending you this written notice to request cancellation of my insurance policy effective [INSERT CANCELLATION DATE]. I would appreciate you sending me written confirmation within 30 days that the cancellation has been put into effect.

Please refund the unused portion of my policy premium, and cease charging my bank account for payment of monthly premiums.

Thank you for your prompt attention to this matter.

Sincerely,

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[SIGNATURE]

[SENDER NAME]

[ADDRESS]