Date

Name of the Dept. Head/Cancellation Dept.
Name of Insurance Company
Company's Mailing Address
City, State, Zip Code

To,
Name of the Person/Whom it May Concern

Subject: Cancellation of Insurance (Policy No.)

Mention that you are making a request to cancel the policy with effect from (date). Request for a confirmation of cancellation. Ask for a refund of unused portion of the policy (if any). State that the insurer must stop charging the bank for any further payments.

Thank the insurer for considering the request.

Sincerely,

(Your Signature)

(Your Full Name)
(Your Mailing Address)
(City, State, Zip Code)