Date

First Name Last name or Cancellation Department

Name of Insurance Company

Company's Mailing Address or PO Box

Company's City, State, Zip Code

Re: Policy Number: #_____Cancellation

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,

[Your Signature]

Your First Name Last name

Your Mailing Address or PO Box

Your City, State, Zip Code