

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

		Return address:
		Name
	Date	Address Line 1
		Address Line 2
		City, State Zip Code
Name		
Company		
Address Line		
City, State Zip Code		

Re: Cancellation of Direct Debit Authorization

Dear :

I have recently cancelled my contract with your insurance company. Therefore, I am directing that you cancel my direct debit authorization. I was told that company policy dictates that my request to cancel must be submitted 30 days before the next debit will take place. I have complied with this requirement and request verification of the cancellation be sent to me.

Sincerely,

N A M E