{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}