

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name]  
[Recipient Title/Department]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Re: Cancellation of Payment Agreement for Account Number: [Account Number]

Dear [Recipient Name],

I am writing to formally request the cancellation of the payment agreement currently in place for the above-referenced account, effective as of [Cancellation Date].

The original agreement was established on [Date Agreement Started] for the amount of [Amount] to be paid [Frequency, e.g., monthly]. I am requesting this cancellation due to [Reason for cancellation, e.g., debt paid in full, financial hardship, or intent to settle via a different method].

Please stop all scheduled automatic withdrawals or billing cycles associated with this agreement starting from [Date]. I would appreciate written confirmation that this agreement has been terminated and that no further charges will be applied under these specific terms.

Thank you for your prompt attention to this matter. Please contact me if you require any further information.

Sincerely,

[Signature]  
[Printed Name]