Date:

Name of Authorized Person/Cancellation Department
Name of Company/Service Provider
Mailing Address/PO Box no.
City, State, Zip Code

Re: Cancellation of Membership/Subscription No: #\_(specify number)\_

Dear Sir/Madam,
I am sending this written notice to request the cancellation of my Subscription/membership with effective date \_(mm/dd/yy)\_. I would appreciate if you send me a written confirmation of the same within 30 days. I am enclosing a bank draft worth US$ \_(specify amount)\_ towards full and final payment of my outstanding membership/subscription fees. Please ensure that no further payments are applied to my account henceforth.

Thank you for your prompt attention to this matter.

Sincerely,
-s/d
Sender's Name
Sender's Mailing address
Sender's Contact number