

Deactivation Authorization Letter

Date:

To Whom It May Concern,

I, , hereby authorize the deactivation of the following account/service:

- Account/Service Name:
- Account Number/ID:

Please process this deactivation effective immediately. I confirm that I am the authorized individual to request this action.

Should you require any further information or verification, please contact me at:

- Email:
- Phone Number:

Sincerely,

Name:

Signature:

Date: