

Fixed Deposit Closure Information

Date: [Insert Date]

To,

[Bank Name]

[Branch Address]

Subject: Request for Closure of Fixed Deposit Account

Dear [Manager's Name],

I am writing to request the closure of my Fixed Deposit Account with the following details:

Account Holder's Name	[Your Name]
Fixed Deposit Account Number	[Account Number]
Deposit Amount	[Deposit Amount]
Tenure	[Tenure Period]
Maturity Date	[Maturity Date]

Kindly process the closure of the above Fixed Deposit account and transfer the maturity amount to my savings account with you (Account Number: [Your Savings Account Number]).

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Name]

[Your Address]

[Your Phone Number]