

Declaration for Cancellation of Expired Credit Account

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Declaration for Cancellation of Expired Credit Account

Dear [Customer Service Department/Specific Contact Name],

I am writing to formally request the cancellation of my expired credit account with the account number [Insert Account Number]. The account has been inactive and has reached its expiration date of [Insert Expiration Date].

As per the terms and conditions, I understand that I am entitled to request the cancellation of accounts that are no longer in use. Please consider this letter as my official declaration for the closure of the mentioned account.

I kindly ask for confirmation of this cancellation at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]