

Debt Account Closure Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Request for Closure of Credit Card Account

Dear [Customer Service Manager/Account Manager],

I am writing to formally request the closure of my credit card account with your institution. My account number is [Your Account Number]. I have made arrangements to settle any outstanding balance associated with this account, and I wish to terminate my relationship with the bank effective immediately.

Please confirm that my account has been closed and that there are no remaining balances. I would appreciate a written confirmation for my records.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]