

Agreement to Close Joint Credit Account

Date: [Insert Date]

To: [Insert Lender's Name]

[Insert Lender's Address]

Subject: Request to Close Joint Credit Account

Dear [Lender's Name],

We, [Your Name] and [Co-Account Holder's Name], the joint account holders of account number [Insert Account Number], hereby agree to close our joint credit account as of [Insert Closing Date]. We confirm that there are no outstanding balances as of this date.

We request that written confirmation of the account closure be sent to both account holders' addresses as listed below:

[Your Name]
[Your Address]
[Your Email]
[Your Phone Number]

[Co-Account Holder's Name]
[Co-Account Holder's Address]
[Co-Account Holder's Email]
[Co-Account Holder's Phone Number]

Thank you for your attention to this matter. Please feel free to contact us should you need any further information.

Sincerely,

[Your Name]

[Co-Account Holder's Name]