

Authorized Closure of Secured Credit Card Account

Date: [Insert Date]

To: [Credit Card Issuer Name]

Address: [Credit Card Issuer Address]

Subject: Request for Closure of Secured Credit Card Account

Dear [Credit Card Issuer Customer Service],

I am writing to formally request the closure of my secured credit card account with the following details:

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

Date of Birth: [Your Date of Birth]

I authorize the closure of this account effective immediately. Please confirm the closure of my account in writing and ensure that all necessary information regarding this closure is reflected in my credit report.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]