

Confirmation to Close Secured Credit Card Account

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Issuer's Name]

[Issuer's Address]

[City, State, Zip Code]

Dear [Credit Card Issuer],

I am writing to formally request the closure of my secured credit card account with the account number: [Insert Account Number].

As per our previous communications, I confirm that I have settled all outstanding balances and understand that this account will be closed effective [Insert Desired Closure Date].

Please send me a confirmation once the account has been closed, and ensure that no further charges will be incurred.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]