

# Request to Close Secured Credit Card Account

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, ZIP Code]

Dear Customer Service,

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

Due to [reason for closure, e.g., personal financial reasons, dissatisfaction, etc.], I have decided to close this account. I kindly ask you to process this request at your earliest convenience.

Please confirm the closure of my account and let me know if there are any remaining balance or final procedures I need to be aware of.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]