

# Account Closure Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear Customer Service Manager,

I am writing to formally request the closure of my secured credit card account with your institution.

Account Number: [Insert Account Number]

Reason for Closure: [Briefly state your reason if desired]

Please confirm the closure of my account and ensure that no further transactions or fees are charged. I would appreciate a written confirmation of the account closure at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]