

Joint Credit Card Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Issuer Name]

[Issuer Address]

[City, State, Zip Code]

Dear [Credit Card Issuer],

We, [Your Name] and [Co-Cardholder's Name], are writing to formally request the cancellation of our joint credit card account, number [Credit Card Number]. We have decided to close this account effective immediately.

We kindly ask that you confirm the cancellation in writing and provide us with any final statements or actions necessary to complete this process. Please ensure that no further charges are made on this account.

Thank you for your attention to this matter. We appreciate your cooperation.

Sincerely,

[Your Name]

[Co-Cardholder's Name]