Credit Card Pay-Off Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Credit Card Company],

I am writing to request the pay-off amount for my credit card account number [Insert Account Number]. I would like to settle this account and ensure that no further charges are incurred.

Please provide me with the total amount required to pay off the balance as of [Insert Date]. Additionally, I would appreciate any instructions necessary to complete this transaction.

Thank you for your prompt assistance. I look forward to your reply.

Sincerely,

[Your Name]