

Credit Card 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/Specific Name],

I am writing to formally request the closure of my credit card account held with your bank. Below are the relevant details of my account:

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

As I no longer require this credit card, I kindly ask you to process the closure at your earliest convenience. Please confirm the account has been closed and any remaining balance settled accordingly.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]