

Request to Disable Lost Credit Card

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to request the immediate disabling of my lost credit card. My credit card details are as follows:

Cardholder Name: [Your Name]

Card Number: [Last Four Digits of Card]

Expiration Date: [MM/YY]

I discovered that my card is missing on [Date you lost the card]. I believe it may have been lost/stolen, and I want to ensure that no unauthorized transactions occur.

Please confirm the deactivation of my card and let me know if I need to take any further steps. I would also appreciate information on how to obtain a replacement card.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]