

[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]
[Student ID Number, if applicable]

[Date]

[Bank Name]
[Fraud Department or Branch Address]
[City, State, Zip Code]

Subject: Formal Request to Close Account Due to Identity Theft

To Whom It May Concern,

I am writing to formally request the immediate closure of my student banking account(s) due to confirmed identity theft. I have reason to believe that my personal information has been compromised and my account security is at risk.

Account Information:

- Account Holder Name: [Your Full Name]
- Account Number(s): [List Account Number(s)]
- Type of Account: [e.g., Student Checking/Savings]

I am enclosing a copy of the [Identity Theft Report / Police Report] as evidence of this incident. I request that you:

1. Close the aforementioned account(s) immediately.
2. Issue a check for any remaining balance to my mailing address listed above.
3. Ensure that no further transactions, fees, or automated debits are processed from this date forward.
4. Provide a written confirmation once the account closure is finalized.

Please notify me immediately if there are any outstanding steps required to complete this process or if you detect any further suspicious activity associated with my Social Security number or personal profile.

Thank you for your prompt assistance in securing my finances.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [Copy of Identity Theft Report/Police Report]