

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Bank Name]
[Bank Address]
[City, State, Zip Code]

RE: Notice of Intent to Close Certificate of Deposit Account

To Whom It May Concern,

Please accept this letter as formal authorization to close my Certificate of Deposit (CD) account upon its upcoming maturity date.

Account Details:

- **Account Holder Name:** [Your Full Name]
- **CD Account Number:** [Your CD Account Number]
- **Maturity Date:** [Date of Maturity]

I do not wish to renew this CD. Upon maturity, please transfer the full balance, including all accrued interest, via the following method:

[Select one option below]

- Transfer the funds into my existing [Checking/Savings] account number [Account Number] held at your institution.
- Issue a cashier's check for the total amount and mail it to my address listed above.
- Wire the funds to: [Bank Name], [Routing Number], [Account Number].

Please provide written confirmation once the account has been closed and the funds have been disbursed. If you require any additional documentation or have questions, please contact me at [Your Phone Number].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]