

[Company Letterhead or Business Name]
[Business Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Request to Close Certificate of Deposit (CD) Prior to Maturity

To Whom It May Concern,

Please accept this formal request to close the following Certificate of Deposit account held in the name of [Legal Business Name]:

- **Account Number:** [Enter CD Account Number]
- **Current Balance:** [Enter Approximate Balance]

We acknowledge that by closing this account prior to the maturity date of [Maturity Date], the business may be subject to early withdrawal penalties as outlined in our account agreement. Please deduct any applicable penalties from the final balance.

Please disburse the remaining funds, including any accrued interest, via the following method:

[Select one option and delete the others]

- Transfer funds to our existing business checking account: [Checking Account Number]
- Issue a cashier's check mailed to the business address listed above.
- Wire transfer to: [Include Routing and Account Numbers]

If you require further documentation or a formal Corporate Resolution to complete this transaction, please contact [Name of Authorized Signer] at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Business Name]