

Date: [Insert Date]

[Bank Name]

[Branch Address]

[City, State, Zip Code]

**RE: Request for Early Closure of Joint Certificate of Deposit**

To the Account Processing Department,

Please accept this formal request to close the joint Certificate of Deposit (CD) account listed below prior to its scheduled maturity date:

- **Account Name(s):** [First Account Holder Name] and [Second Account Holder Name]
- **Account Number:** [Insert CD Account Number]
- **Maturity Date:** [Insert Original Maturity Date]

We understand that by closing this account before the maturity date, we may be subject to an early withdrawal penalty as outlined in our account agreement. Please deduct any applicable penalties from the principal and interest accrued.

Please disburse the remaining balance via the following method:

[Insert Method: e.g., Deposit into Joint Checking Account #XXXXXX / Mail a check to the address on file]

If you have any questions, please contact us at [Insert Phone Number]. Thank you for your assistance with this matter.

Sincerely,

\_\_\_\_\_  
[First Account Holder Signature]

[Printed Name]

\_\_\_\_\_  
[Second Account Holder Signature]

[Printed Name]