

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

[Date]

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

RE: Request for Early Withdrawal of Certificate of Deposit (CD) Due to Medical Emergency

Dear Bank Manager,

I am writing to formally request the immediate closure of my Certificate of Deposit (CD), account number [Account Number], prior to its scheduled maturity date of [Maturity Date].

This request is being made due to an unforeseen medical emergency that requires immediate access to these funds. Because of these extraordinary circumstances, I respectfully request that the bank consider waiving the early withdrawal penalty associated with this account.

I have attached [Name of Documentation, e.g., a medical bill or doctor's letter] to support this request and verify the urgency of the situation.

Please transfer the total balance of the CD, including any accrued interest, to my [Checking/Savings] account number [Account Number] at your institution. If this is not possible, please issue a cashier's check and mail it to my address listed above.

Thank you for your time and understanding regarding this sensitive matter. I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]