

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

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

RE: Request to Close Certificate of Deposit Prior to Maturity

Account Number: [Your CD Account Number]

To Whom It May Concern,

Please accept this letter as formal authorization to close my Certificate of Deposit (CD) account number [Account Number] effective immediately, prior to its scheduled maturity date.

I am closing this account for the purpose of account consolidation. I understand and accept that an early withdrawal penalty may be applied to the balance as per the terms of my account agreement.

Please transfer the remaining principal and any accrued interest, minus applicable penalties, to my following account held at your institution:

- **Account Type:** [e.g., Savings/Checking]
- **Account Number:** [Your Other Account Number]

If there are any forms required to finalize this request, or if you need further verification, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]