

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

[Date]

[Name of Institution Contact or Department]
[Name of Institution]
[Institution Address]
[City, State, Zip Code]

Subject: Request to Consolidate and Close Accounts

To Whom It May Concern,

I am writing to formally request the consolidation of my multiple accounts held at your institution into a single primary account, and the subsequent closure of the redundant accounts.

Please transfer all remaining balances, including any accrued interest, from the following accounts into my primary account:

Accounts to be CLOSED:

- Account Type: [e.g., Savings] - Account Number: [Account Number 1]
- Account Type: [e.g., Checking] - Account Number: [Account Number 2]
- Account Type: [e.g., Money Market] - Account Number: [Account Number 3]

Primary Account to REMAIN OPEN:

- Account Type: [e.g., Checking] - Account Number: [Primary Account Number]

Once the funds have been successfully transferred to the primary account, please close the accounts listed above effective immediately. Please provide written confirmation once these actions have been completed.

If there are any forms required to finalize this request, or if there are outstanding fees that need to be addressed, please contact me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]