

Date: [Insert Date]

To,  
The Branch Manager,  
[Bank Name],  
[Branch Address]

**Subject: Request for Premature Withdrawal of Fixed Deposit - FD Receipt No: [Insert FD Number]**

Dear Sir/Madam,

I am writing to request the premature closure of my Fixed Deposit account held at your branch. Due to [mention reason, e.g., urgent financial requirement], I am unable to continue the deposit until its original maturity date.

The details of the Fixed Deposit are as follows:

- **FD Receipt Number:** [Insert Number]
- **Deposit Amount:** [Insert Amount]
- **Date of Issue:** [Insert Date]
- **Original Maturity Date:** [Insert Date]

I am aware that a premature withdrawal penalty will be applied to the interest rate as per the bank's terms and conditions. I hereby authorize the bank to deduct the applicable penalty and credit the remaining principal and interest amounts to my savings account as detailed below:

- **Account Holder Name:** [Insert Name]
- **Savings Account Number:** [Insert Account Number]

Please find enclosed the original Fixed Deposit Receipt for your processing.

Thank you for your assistance.

Yours sincerely,

[Signature]  
[Full Name]  
[Phone Number]