

Subject: Closure of Zero Balance Account - [Account Number]

[Date]

[Bank Name]

[Branch Address]

[City, State, Zip Code]

Dear Customer Service Department,

I am writing to formally request the closure of my bank account held at your branch. The account details are as follows:

Account Holder Name: [Your Full Name]

Account Number: [Your Account Number]

Account Type: [e.g., Savings / Checking]

I have verified that this account currently maintains a zero balance. All outstanding checks have cleared, and I have cancelled all automated deposits and recurring payments associated with this account.

Please process this closure effective immediately. I would appreciate a written confirmation sent to my registered email or mailing address once the account has been officially closed.

If there are any further steps required from my side, please notify me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]