

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

[Date]

[Bank Name]
[Bank Officer Name or Department]
[Bank Address]
[City, State, Zip Code]

Subject: Request for Modification or Waiver of Early Withdrawal Penalty

Dear [Bank Officer Name],

I am writing to formally request a modification or full waiver of the early withdrawal penalty associated with my Certificate of Deposit (CD), account number [Account Number].

I intend to withdraw [Full Amount/Partial Amount of \$XXX] from this CD on [Date]. However, I am facing an unexpected financial situation due to [Briefly state reason, e.g., medical emergency, job loss, or purchase of a home].

I have been a loyal customer of [Bank Name] since [Year] and currently hold several other accounts with your institution. Given my history with the bank and the specific nature of my current circumstances, I am asking for your consideration in reducing or waiving the penalty fee of \$[Penalty Amount].

Please let me know if there are specific forms I need to complete or if you require documentation regarding my situation. I would appreciate it if you could review this request and provide a response by [Date].

Thank you for your time and for your continued support of my financial needs.

Sincerely,

[Your Signature]

[Your Printed Name]