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

[Date]

[Institution Name]
[Department Name]
[Institution Address]
[City, State, Zip Code]

Subject: Validation of Multiple Accounts Consolidation Request

To Whom It May Concern,

I am writing to formally request and validate the consolidation of my multiple accounts currently held with [Institution Name]. This request is intended to streamline my account management and ensure all records are accurately synchronized under a single primary account profile.

Please find the details of the accounts to be consolidated below:

Primary Account (To be kept active):
Account Number: [Primary Account Number]
Account Type: [e.g., Savings, Checking, Member ID]

Secondary Account(s) (To be merged into primary):
1. Account Number: [Secondary Account Number 1]
2. Account Number: [Secondary Account Number 2]

I confirm that I am the authorized owner of all accounts listed above. I request that you transfer all balances, rewards points, transaction histories, and personal settings from the secondary accounts to the primary account listed. Once the transfer is complete, please close the secondary accounts.

Please notify me in writing once the consolidation process is finalized or if further documentation is required to complete this validation.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]