

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

Date: [Insert Date]

Subject: Request for Premature Withdrawal of Fixed Deposit due to Medical Emergency

Dear Sir/Madam,

I am writing to request the premature withdrawal of my Fixed Deposit (FD) held at your branch. Due to a sudden medical emergency in my family, I require immediate access to funds to cover hospital expenses.

The details of the Fixed Deposit are as follows:

- **FD Receipt Number:** [Insert FD Number]
- **Account Holder Name:** [Insert Your Name]
- **Deposit Amount:** [Insert Amount]
- **Date of Maturity:** [Insert Original Maturity Date]

I request you to close the aforementioned FD account immediately and credit the proceeds (principal plus accrued interest, after applicable penalties) to my savings account linked with your bank:

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

I have attached copies of the FD receipt and relevant medical documents/hospital bills for your reference and records.

I kindly request you to process this application as a priority given the nature of the situation.

Thank you for your cooperation.

Sincerely,

[Your Signature]
[Your Full Name]
[Your Contact Number]
[Your Address]