

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

[Date]

[Name of Financial Institution/Company]
[Department Name, e.g., Fraud Department]
[Address]
[City, State, Zip Code]

RE: Account Closure and Cease and Desist - Identity Theft
Account Number: [Full or Partial Account Number]

To Whom It May Concern,

I am writing to formally notify you that I am a victim of identity theft. I did not open the above-referenced account, nor did I authorize anyone else to do so on my behalf. This account is fraudulent.

Pursuant to the Fair Credit Reporting Act and federal identity theft regulations, I am requesting that you:

- Immediately close this account and cease all activity associated with it.
- Cease and desist all debt collection efforts against me regarding this account.
- Remove any negative information related to this account from my credit reports.
- Provide me with copies of all application records and transaction logs related to this account.

Enclosed please find a copy of my Identity Theft Report (e.g., FTC Affidavit and/or Police Report) and a copy of my government-issued identification to verify my identity.

Please provide written confirmation within 30 days that this account has been closed, the balance has been cleared, and that you have notified the credit bureaus of these corrections.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

- Identity Theft Affidavit / Police Report
- Copy of Driver's License/ID