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

[Date]

[Name of Financial Institution/Company]
[Department Name]
[Address]
[City, State, Zip Code]

RE: Account Closure Notification - Account Number: [Your Account Number]

To Whom It May Concern,

Please accept this formal written notice to close the above-referenced account. This account has been paid in full and currently carries a zero balance.

I request that you update your records to show this account as "Closed at Consumer's Request" and "Paid in Full." Furthermore, please send me a written confirmation within 30 days stating that the account is closed and that the final balance is $0.00.

Please ensure that any automatic payments or recurring transfers associated with this account are cancelled immediately. If there are any remaining funds or overpayments, please issue a check to the address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]