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

[Date]

[Recipient Name or Department]
[Company or Institution Name]
[Address]
[City, State, Zip Code]

RE: Notice of Voluntary Dismissal and Account Closure

Account Number: [Your Account Number]

Dear [Recipient Name],

Please accept this letter as formal notification that I am voluntarily dismissing my association with [Company Name] and requesting the immediate closure of the account referenced above, effective [Date].

I request that you cease all further services and billing associated with this account. Please provide written confirmation that the account has been closed and that the final balance is zero. If there are any outstanding credits or refunds due to me, please issue them to my address on file.

Furthermore, I request that any recurring payments or authorizations linked to this account be canceled immediately. Please ensure that my personal data is handled in accordance with your privacy policy and applicable data protection laws upon closure.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]