

[Your Name/Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Date]

[Previous Provider Name]  
[Billing Department Address]  
[City, State, Zip Code]

**Subject: Request for Final Bill and Account Closure**

To the Billing Department,

This letter serves as a formal notice regarding the termination of services for the following account:

- **Account Name:** [Account Name]
- **Account Number:** [Account Number]
- **Service Address:** [Address where service was provided]
- **Effective Termination Date:** [Date service ended]

I have recently switched to a new provider. Please process the final charges for the period up to the termination date mentioned above. I request that you send the final itemized invoice to my forwarding address listed below:

[Forwarding Address]  
[City, State, Zip Code]

Please ensure that any automated payments or recurring charges are cancelled effective immediately. Once the final balance is paid, I request a written confirmation that the account has been closed with a zero balance.

If there are any outstanding credits or deposits on the account, please apply them to the final balance or issue a refund check to the forwarding address provided.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Phone Number]