

Citi Travel Card Account Closure Request

Date: _____

Name of Requestor: _____

Email: _____

Department Name: _____

Department Contact Name (if different from Requestor):

Email: _____

Please close the following Citi travel card accounts:

Cardholder Name as it appears on card: _____

Last six digits of the card account: _____

Reason for account closure: _____

Cardholder Name as it appears on card: _____

Last six digits of the card account: _____

Reason for account closure: _____

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