[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
Federal Deposit Insurance Corporation
Attn: Claims Department
[FDIC Address]
[City, State, Zip Code]
Subject: Submission of FDIC Insurance Claim
Dear Claims Department,
I am writing to submit a claim for FDIC insurance regarding my deposit account at [Name of Bank], which was closed on [Date of Bank Closure].
Account Holder Information:
- Name: [Your Full Name]
- Address: [Your Address]
- Account Number: [Your Account Number]
Details of the Claim:
- Account Type: [Checking/Savings/CDA, etc.]
- Balance at Closure: $[Balance Amount]
- Date of Closure: [Date]
I have attached the following documents to support my claim:
1. A copy of my account statement showing the balance prior to closure
2. Documentation of my identification
3. Any additional relevant paperwork
I kindly request that my claim be processed promptly. Please contact me at [Your Phone Number] or [Your Email Address] if you require any additional information. Thank you for your attention to this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]