

Close Account Request

Date: _____

Bank Name: _____

Bank Address: _____

To whom it May Concern:

Please close the following (Checking / Savings) account #: _____ and send a check for the remaining balance to the address below.

If you have any questions, please let me know. Thank you for your time and assistance.

Sincerely,

Signature: _____

Printed Name: _____

Co-Signer Signature: _____

Printed Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____