

CLOSE ACCOUNT

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name (please print)

Please submit this form to your current financial institution. Please allow sufficient time for all transactions to clear.