



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 Daytime / Evening (circle one) at _____ (phone number). Thank you.

Sincerely,

X _____ X _____
(Primary Account Holder Signature) (Secondary/Joint Account Holder Signature)

(Name – please print)

(Name – please print)

(Street Address)

(City)

(State)

(Zip)