



ACCOUNT CLOSURE REQUEST

To close accounts, please mail this form to your former financial institution. Please understand that they may require additional information or forms.

To Whom It May Concern:

Please consider this an official notice to close my account(s) with your institution. Please close account(s)

Type: _____	Number: _____
Type: _____	Number: _____
Type: _____	Number: _____
Type: _____	Number: _____

And send a check for the remaining balance to me at the address below.

I understand that I will need to make sure all checks, automatic debits and other transactions have cleared before completely closing my account(s). I have already made arrangements to switch any automatic payments and/or deposits.

If you have any questions about this request, please contact me using my personal information below.

Thank you.

Sincerely,

SIGNATURE

DATE

NAME

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE

CO-SIGNER SIGNATURE

DATE

CO-SIGNER NAME