

Account Closing Request

Date

Financial Institution Name

Address, City, State, Zip

To Whom It May Concern:

Please accept this as official notice to close my account(s). I understand that any outstanding checks and automatic debits need to clear before the account can be closed completely. I am closing the following accounts:

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Please close my account and mail a check for the remaining balance to my address on record.

If you have any questions, please contact me during the day at _____.

Sincerely,

Signature

Joint Signature

Name (please print)

Joint Owner Name (please print)