

Close Account Form

Date

Financial Institution'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

Joint Owner Signature

Name (please print)

Joint Owner Name (please print)

Address

City, State, Zip

