

ACCOUNT CLOSING REQUEST FORM

Use this form to request the account(s) you have at your current bank be closed and have the remaining funds sent to you. Prior to closing your accounts, consult with your financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check has cleared.

Date: _____

To Whom It May Concern:

This letter is to inform you that I/we would like to close the account(s) listed below. Please send a check to me/us at the address listed below for any remaining funds in the account(s).

If you have any questions regarding this request, please contact me/us at the phone number or address listed below.

Please close the following account(s) : _____

Checking # _____ **Account Owner(s) Name** _____

Savings # _____ **Account Owner(s) Name** _____

Other Account # _____ **Account Owner(s) Name** _____

Other Account # _____ **Account Owner(s) Name** _____

Please contact me/us if you have any questions regarding this request.

Name on account(s)

Address

City, State, ZIP

Home phone

Work phone

Thank you for processing this request immediately.

Primary Account Holder signature

Date

Joint Account Holder signature (if applicable)

Date