

ACCOUNT CLOSURE REQUEST



Bank Name _____

Address _____

City _____

State _____ Zip _____

Date _____

To Whom It May Concern:

Please close my account number _____ and send a check for the remaining balance to me at the address listed below.

If you should have any questions about this request, please contact me during the day/evening
(circle one)

at this number: (_____) _____

Thank you for your prompt attention to this request.

Sincerely,

Signature **X** _____

Co-Signer Signature **X** _____

Name (please print) _____

Co-Signer Name (please print) _____

Address _____

Member: Please make as many copies of this form as needed. Take or mail to the institution holding the account you wish to close.