



Account Closing Request Form

Complete this form and send it to any financial institution where you have an account you wish to close. Use one form per request; make copies as necessary.

To Whom It May Concern:

Please close my account listed below. Once this action is completed, send me a check for the total balance plus any applicable interest charges to the address listed below.

Please close the following account:

Account Number _____

Account Name _____

Type of Account _____

Please mail a cashier's check made payable to:

Name _____

Address _____

City/State/Zip _____

Social Security Number _____

If you need to speak with me about this request, I may be reached at () _____

Thank you for your attention to this matter.

Sincerely,

Account Holder Signature

Date

Joint Account Holder Signature

Date