



Request to Close Account

Date:

Financial Institution Name:

Address:

City

State

Zip Code

To whom it may concern:

This letter serves as a request to close the following account number(s):

Account Number

Checking
 Savings

Name on Account

Account Number

Checking
 Savings

Name on Account

Account Number

Checking
 Savings

Name on Account

Please send a check for the remaining balance to:

Name:

Address:

City

State

Zip Code

Sincerely,

Signature

Print Name

Date

Joint Signature(if applicable)

Print Name

Date