



Close Account

Make copies of this form as needed

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 (Select One) at

(Phone Number)

Thank you.

Sincerely,

Signature

Name

Address

City

State

Zip

Joint Owner's Signature

Joint Owner's Name