

PLEASE CLOSE MY ACCOUNT

Date _____

Bank's Name _____

Address _____

City/State/Zip _____

To Whom It May Concern:

Please close my account _____ (account #) and
send a check for the remaining balance to me at the address below.

If you have any questions about this request, please contact me at:
phone: () _____

Sincerely,

Signature _____

Name Printed _____

Address _____

City/State/Zip _____

Co-Signer Signature _____

Co-Signer Name Printed _____

Mail this completed form to your existing
bank where the account is being closed.

