

Close Account Request

To: _____
(Bank's Name)

Please close my 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:

Sincerely,

Name

Address

City, State, Zip

Signature

Date

Co-Signer Name (if applicable)

Co-Signer Signature

Date

mail this form to your old financial institution