



# CLOSE ACCOUNT

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Date

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Financial Institution's Name

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Address

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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 (circle one) at (\_\_\_\_\_) \_\_\_\_\_ (phone number).

Thank You.  
Sincerely,

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Signature

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Joint Owner Signature

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Name (please print)

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Joint Owner Name (please print)

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Address

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City, State, Zip

