

Close Account Form

Date

Bank's Name

Street 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* (circle one) at _____ (phone number).

Thank you.

Sincerely,

Signature

Joint Owner

Name (please print)

Joint Owner (please print)

Street Address

City, State, Zip