

close account



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

Thank You.

Sincerely,

Signature

Name (please print)

Address

Joint Owner Signature

Joint Owner Name (please print)

*Make copies of this form as needed.