

Account Closing Request

Date _____
Former Bank's Name _____
Address _____
City _____ State _____ Zip _____

This letter is to inform you that I have decided to close the account(s) listed below.
Please send a check for any remaining funds in the account(s) to my address listed below.
If you have any questions regarding this request, please contact me at the phone number
or address listed below. Thank you.

Account Owner Information

Account Owner Name _____
Account Co-Owner Name (if applicable) _____
Address _____
City _____ State _____ Zip _____
Phone: Day/Evening (circle one) _____

Account Information

Checking Account Number _____

Savings Account Number _____

Other Account:

Type: _____ Account Number: _____

Type: _____ Account Number: _____

Account Owner Signature _____ Date _____

Account Co-Owner Signature (if applicable) _____ Date _____