

CLOSE ACCOUNT FORM

DATE

ACCOUNT NAME

CURRENT BANK ADDRESS

CITY, STATE, & ZIP

ACCOUNT NUMBER

To whom it may concern,

Effective _____, please close the following personal checking or savings account: _____
DATE
and send a check for the remaining balance to the address below.

If you have any questions, please let me know. Thank you!

Sincerely,

PRINTED NAME OF PRIMARY ACCOUNT OWNER

PRIMARY SIGNATURE

PRINTED NAME OF SECONDARY (if applicable)

SECONDARY SIGNATURE (if applicable)

PHONE NUMBER

MAILING ADDRESS