

## Request to Close Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

To Whom It May Concern:

Please close the following account# \_\_\_\_\_ 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 as soon as possible at the following number. Thank You.

\_\_\_\_\_  
Phone Number

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Joint Account Holder Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code