



CLOSE ACCOUNT REQUEST

Date

Financial Institution

Mailing 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 as follows:

Daytime Telephone Evening Telephone

Email

Thank you,

Signature

Name (Print)

Mailing Address

City State Zip