

# Account Closing Request Form



Please close my account.

\_\_\_\_\_  
Date Bank Name

\_\_\_\_\_  
Address City/State/Zip

### To whom it may concern:

Please close the following account(s) with your institution:

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

\_\_\_\_\_  
Account Number  Checking  Savings  Money Market  Other \_\_\_\_\_

Please send any funds remaining in the above account(s) to the address listed below:

\_\_\_\_\_  
My Name (please type or print) Phone Number

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Primary Account Holder Signature Date

\_\_\_\_\_  
Secondary Account Holder Signature Date