



# CLOSE ACCOUNT

\_\_\_\_\_
Date

\_\_\_\_\_
Financial Institution

\_\_\_\_\_
Mailing Address City State Zip

## TO WHOM IT MAY CONCERN

Please close my account \_\_\_\_\_, and send a check for the remaining balance
to me at the address below. If you have any questions about this request, please contact me at one of the
following numbers.

( )

Daytime Phone

( )

Evening Phone

\_\_\_\_\_
Name Joint Account Owner Name

X
Signature

X
Joint Account Signature

\_\_\_\_\_
Mailing Address City State Zip