



ACCOUNT CLOSING REQUEST FORM

Use this form to request your account(s) at your current bank be closed and have the funds sent to you. Remember to check and make sure all checks have cleared your account before closing. You can also visit your current bank to close your account(s) in person.

To Whom It May Concern:

Date: ___ / ___ / ___

This letter is to inform you that I/we would like to close the account(s) listed below. Please send a check to the address listed below for any remaining funds in the account. If you have any questions in reference to this request, please contact me/us at the phone number listed below.

Thank you.

Please close the following accounts:

Checking # _____ Acct. Title _____

Savings # _____ Acct. Title _____

Other Acct # _____ Acct. Title _____

Other Acct # _____ Acct. Title _____

Other Acct # _____ Acct. Title _____

Please send check(s) to the following address:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Thank you for processing this request immediately.

Account Owner Signature: _____ **Date:** _____

Account Owner Signature: _____ **Date:** _____