



Close Account Request Form

Bank/Other Financial Institution Name

Address

City

State

Zip

To Whom It May Concern:

Please accept this letter as authorization to close account # _____ at your institution and send a check for the remaining balance to my address below. If you have any questions, please contact me at _____.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name: _____

Address: _____
