



CLOSE ACCOUNT REQUEST

Date

Bank's Name

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 during the DAY / EVENING (circle one) at

(____) _____ (phone number).

Thank you.

Yours truly,

Signature

Name (Please Print)

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name (please print)