

Please close my account.

Date

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Please close the following accounts listed below:

Account Number

_____ Checking Account

_____ Savings Account

_____ Money Market Account

Please mail a check for the remaining balance to me at the address below. If you have any questions about this request, please contact me.

Sincerely,

Account Holder's Signature

Printed Name

Address

City

State

Zip

Phone Number