

Account Closure Request Letter

Date _____

Previous Bank Name _____

Address _____

City _____ State _____ ZIP Code _____

Please close the following accounts effective _____ and send a check for the remaining balance to the address listed on the accounts:

Account Number:

Type (checking, savings, etc.):

If you have any questions regarding this request, please contact me at one of the following phone numbers:

Day _____ Evening _____

Thank you in advance for your immediate attention.

Account Owners:

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____