



Account Closing Request

Use this form to request that the account(s) you have at your current bank be closed and to have any remaining funds sent to you. Prior to closing your account(s), consult with your current financial institution to determine if there are any fees associated with closing your account(s). Please remember to keep enough funds in the account until your last check has cleared. You can also visit your current bank to close out your account(s).

To Whom It May Concern:

Date: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me/us at the address listed below for any remaining funds in the accounts.

If you have any questions regarding this request, please contact me/us at the phone number or address below.

Thank you.

Please close the following accounts:	
Checking #: _____	Account Owner(s) Name: _____
Savings #: _____	Account Owner(s) Name: _____
Other Account #: _____	Account Owner(s) Name: _____

Please contact me/us if you have any questions about this request.

Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone (Day): _____

Thank you for processing this request immediately.

Account Owner's Signature: _____ Date: _____

Account Owner's Signature: _____ Date: _____
(if applicable)