

REQUEST TO CLOSE BANK ACCOUNT

Send my remaining balance to me.

To: _____
(Bank's Name)

Please close my Account # _____

and send a check for the remaining balance to me
at the address below.

If you have any questions about this request,
please contact me at:

Phone #

Sincerely,

Name

Address

City, State, Zip

Signature

Date

Co-Signer Name (if applicable)

Co-Signer Signature

Date

Mail this form to your old financial institution.