

Account Closing Request



To: _____
Financial Institution

From: _____

Please close the following account(s) with your institution:

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

Social Security Number: _____

If you require any additional information, you can reach me at: _____

Please mail the funds from my account(s) in the form of an Official Bank Check made payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your prompt attention to this matter.

Signature of Primary Account Holder

Date

Signature of Secondary Account Holder

Date