

PLEASE CLOSE MY ACCOUNT

Upon receipt, please close the following account, and send a check for the remaining balance and confirmation of account closure to the address below. If you have any questions about this request, please contact me at the number below.



CLOSED ACCOUNT INFORMATION

☐ Checking Account

☐ Savings Account

Financial Institution Name

Account #



CUSTOMER INFORMATION

Day
Evening

Name

Phone Number

Co-signer Name (if applicable)

Address, City, State, Zip

Phone Number

Sincerely,



Customer Signature

Date

Co-signer Signature (if applicable)

Date