

# Close Account Form

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Address

\_\_\_\_\_  
City, State, Zip Code

## RE: Closing My Account(s)

*To whom it may concern: I am closing my account(s) at your financial institution. Please close the following account(s) listed below and send a check for any remaining funds to my address below.*

*Thank you for your timely assistance in this matter. If you have any questions concerning this request, please contact me by phone at the number listed below.*

*Sincerely,*

\_\_\_\_\_  
Authorized Signature (Original signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder (Original signature required)

\_\_\_\_\_  
Date

## Account Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone: Day/Evening

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Checking Account Numbers

\_\_\_\_\_  
Savings Account Numbers