



Request to Close Account

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

To Whom It May Concern:

Please close my account _____, and send a check for the remaining balance to me at the address
(Account Number)
listed below. If you have any questions, please contact me at _____
(Phone Number)

Thank You

Signature

Joint Owner Signature

Name (Please Print)

Joint Owner Name (Please Print)

Mailing address:

Address _____

City _____ State _____ Zip _____