

ACCOUNT CLOSING REQUEST FORM

Bank Name

Address

City, State and Zip

RE: Close My Accounts

ATTN: Account Maintenance/Customer Service

This letter is to inform you I am closing my accounts at your bank. Please close the following account(s) listed below and send a check for the remaining balance(s) to by address.

If you have any questions regarding this request, please contact me in writing or at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date

Account Information

Account #1

Account #2

Account #3

Name

Phone: Day Evening (circle one)

Address

City/State

Zip