

REQUEST TO CLOSE ACCOUNT

Today's Date: _____

To: _____
Bank Name

From: _____
Name

Address

City State Zip

To Whom It May Concern:

Please close my account(s) listed below. All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped. Mail checks for any account balances to the address above.

Account Name(s)

Account Number

If you have any questions or need any additional information, please contact me at _____

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature

Date

Joint Account Holder Signature

Date