

**CLOSE ACCOUNT REQUEST FORM**

Date: \_\_\_\_\_

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

Address:

\_\_\_\_\_

To whom it may concern:

Please close the following account(s) with your institution:

Account #: \_\_\_\_\_

Account#: \_\_\_\_\_

Account#: \_\_\_\_\_

Account#: \_\_\_\_\_

Please send a check for the remaining balance to my address below.

If you have any questions about this request, please contact me as soon as possible.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Joint Account Holder Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number