

CLOSE ACCOUNT REQUEST

Date _____

Current Bank _____

Current Bank Address _____

City _____ State ____ Zip _____

RE: Notification to Close my Account #: Account Number _____

Account Type Checking Savings

To Whom It May Concern:

Please accept this letter as a request to close the above referenced account.

Please send me a check for the remaining balance to the address below:

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number with Area Code _____

Signature _____

Name _____

Co-Owner Signature _____

Name _____