

CLOSE YOUR OLD ACCOUNT

Bank Name _____

Date _____

Address _____

City _____ State _____ Zip _____

TO WHOM IT MAY CONCERN:

Please close my account _____ (account #),
and send a check for any remaining balance to me at the
address below.

If you have any questions about this request, please contact me:

Phone () _____ Day Evening

Signature _____

Joint Signature _____

(if joint account only one signature is required)

Name (Print) _____

Co-Signer Name (Print) _____

Address _____

City _____ State _____ Zip _____