

ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your previous financial institution and any remaining funds sent to you. Prior to closing your account(s), ask your previous financial institution if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your previous financial institution to close out your account(s).

Attention

Financial Institution

Address

City, State, Zip

To Whom It May Concern

Please accept this letter as authorization and close my account(s) listed below with your institution and issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner Name(s)

Please Send All Closing Balances To

Name

Address

City, State, Zip

Phone Number

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed above.

Authorization

Primary Account Owner Signature

Date

Secondary Account Owner Signature

Date