

Request to Close Account

Date		
Bank's Name		
Bank's Address		
City	State	Zip
TO WHOM IT MAY CONCERN:		
Please close my account		(account number),
and send a check for the remaining balance	e to me at the address listed	l below. If you have
any questions about this request, please co	ontact me during the DAY /	EVENING (circle one) at
()		(phone number).
Thank you.		
Sincerely,		
Signature		
Name (please print)		
Co-Signer Signature		
Co-Signer Name (please print)		
Address		
City		Zip