



ACCOUNT CLOSING REQUEST

Date

Old Bank Name

Address

_____, _____, _____
City State Zip Code

To Whom It May Concern:

Please close the following account(s) and send a check for the remaining balance to the address listed below:

Checking Account # at _____ Closing Balance Amount

Savings Account # at _____ Closing Balance Amount

If you have any questions regarding this request, please call me at the number at the number listed below. Thank you for your assistance with this matter.

Sincerely,

Signature

Name

Address

_____, _____, _____
City State Zip code

Phone Day/Evening (circle One)