



CLOSE ACCOUNT FORM

Date

To Whom It May Concern:

Please close my account _____ (*account number*) with
_____ (*name of current financial institution*), and send a check
for the remaining balance to me at the address listed below.

If you have any questions concerning this request, please contact me at
(____) _____.

Thank you for your prompt attention to this request.

Sincerely,

Name (print)

Signature

Joint Owner Name (print)

Joint Owner Signature

Joint Owner Name (print)

Joint Owner Signature

Address

City, State Zip