



____/____/____
Effective Date

CLOSE ACCOUNT

Financial Institution Name

Address

City

State

Zip

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address below. If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (Please print)

City

State

Zip

