

PLEASE CLOSE MY ACCOUNT

I request that my account(s) be closed and any remaining funds sent to me. *(Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to maintain enough funds in your account until your last transaction has cleared.)*

(Please Print)

Date _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Effective _____, please close the following checking account # _____
and send a check for the remaining balance to the address below.

Please process the request. If you have any questions regarding this request, please contact me.

Account Owner (Print) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Signature (Account Owner) _____