

Account Closing Request Form

Allow time for pending transactions to clear your old account. Then, complete and send this letter to your old bank.

Please print in ink.

To Whom It May Concern:

Please close my account(s) described below, effective (MM/DD/YYYY) ____/____/____

Name(s) on Account(s)

Account Number Account Type Balance \$

Account Number Account Type Balance \$

Account Number Account Type Balance \$

Please prepare a cashier's check for the balance of my account(s), payable to:

Account Holder Name

And mail the check to the following address:

Account Holder Address, City, State, ZIP

If you have any questions, please contact me at:

Daytime Phone Number

Thank you for your attention to this matter.

Signature Date

Joint Account Holder Signature Date