

CLOSE MY ACCOUNT

Date

Bank's Name

Street 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 listed below.

If you have any questions about this request, please contact me during the
DAY/EVENING (circle one) at _____.
phone number

Thank you for your attention to this matter.

Signature

Name (please print)

Street Address

City, State, Zip