

Account Closing Request

TO: (Bank, Credit Union, etc Name) \_\_\_\_\_

FROM: (Primary Account Holder) \_\_\_\_\_ (Secondary) \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State, Zip) \_\_\_\_\_

Please close the following account(s) with your institution:

Account # \_\_\_\_\_ Checking \_\_ Savings \_\_ Money Market \_\_ Other \_\_\_\_\_

Account # \_\_\_\_\_ Checking \_\_ Savings \_\_ Money Market \_\_ Other \_\_\_\_\_

Account # \_\_\_\_\_ Checking \_\_ Savings \_\_ Money Market \_\_ Other \_\_\_\_\_

Account # \_\_\_\_\_ Checking \_\_ Savings \_\_ Money Market \_\_ Other \_\_\_\_\_

Please send any funds remaining in these accounts to:

the address above \_\_\_ the following address \_\_\_ (Street) \_\_\_\_\_

Primary Account Holder Signature \_\_\_\_\_

Secondary Account Holder \_\_\_\_\_

Date \_\_\_\_\_