

# Account Closure

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*Form*

Date \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please close the following account # \_\_\_\_\_  
and send a check for the remaining balance to the address below.

If you have any questions about this request, please contact me at the following phone number:

Phone \_\_\_\_\_  Day  Night

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Joint Owner Name (please print)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_