



## CLOSE ACCOUNT FORM

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
ADDRESS                      CITY                      STATE

### **RE: Close my account(s)**

*The purpose of this letter is to inform you of my decision to close my account(s) at this institution. Please forward the remaining balance(s) in the form of a check to the address listed below. Should you have any questions concerning this matter, please call me.*

*Sincerely,*

\_\_\_\_\_  
SIGNATURE - ORIGINAL SIGNATURE REQUIRED TO AUTHORIZE CHANGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHECKING ACCOUNT NUMBER

\_\_\_\_\_  
SAVINGS ACCOUNT NUMBER

\_\_\_\_\_  
NAME OF ACCOUNT HOLDER

\_\_\_\_\_  
ADDRESS                      CITY/STATE                      ZIP

\_\_\_\_\_  
TELEPHONE NUMBER