



# Close Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution's Name

\_\_\_\_\_  
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 at \_\_\_\_\_  
Phone Number

Sincerely,

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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

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

Make copies of this form as needed.