

CLOSE ACCOUNT

Date

Bank'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 during the **DAY / EVENING** (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip