



Request to Close Account

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To Whom It May Concern:

Please close my account \_\_\_\_\_, and send a check for the remaining balance to me at the address  
(Account Number)  
listed below. If you have any questions, please contact me at \_\_\_\_\_  
(Phone Number)

Thank You

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Joint Owner Name (Please Print)

Mailing address:

Address \_\_\_\_\_

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