

CLOSE ACCOUNT FORM

Effective 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 _____

Best Time to Call _____

Thank you.

Sincerely,

Signature _____

Co-Signer Signature _____

Name (please print) _____

Co-Signer Name (please print) _____

City _____

State _____

Zip _____

