

## REQUEST TO CLOSE ACCOUNT

Print and complete this form, then mail to the bank which holds the account you are requesting to be closed.

**TO** *Complete the information below using the information for the bank which holds the account you are requesting be closed.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### My Information

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

### Request to Close My Account(s)

I hereby authorize you to close out the following accounts in my name at your bank:

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Accounts: \_\_\_\_\_

Please leave \$ \_\_\_\_\_ in my account to cover any outstanding transactions that have not cleared.

If I have remaining funds, please send me a check. Thank you for your assistance with this matter.

Sincerely,

Signature \_\_\_\_\_

Date \_\_\_\_\_