

ACCOUNT CLOSING FORM

Use this form to request that the account(s) you currently have with your former financial institution be closed and the remaining funds be sent to you. Please remember to keep enough funds in your account until all outstanding checks and payments have cleared.

Date: _____

Financial Institution 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 for any remaining funds and interest earned in the account(s).

Please close the following accounts:

Account # _____ Account Owner(s) Name: _____
(Check One) Savings Checking Money Market _____

Account # _____ Account Owner(s) Name: _____
(Check One) Savings Checking Money Market _____

Account # _____ Account Owner(s) Name: _____
(Check One) Savings Checking Money Market _____

Account # _____ Account Owner(s) Name: _____
(Check One) Savings Checking Money Market _____

Sincerely,

Account Owner's Signature Print Name

Joint Account Signature (if needed) Print Name

Address City State Zip