

Exisiting Account Closing Form

TO:

BANK'S NAME

ADDRESS

CITY STATE ZIP

FROM:

CUSTOMER NAME

CUSTOMER ADDRESS

CITY STATE ZIP

To Whom it May Concern:

Please close my account described below, effective today's date, as indicated and send a check for the remaining balance to the address above.

NAME(S) ON ACCOUNT

ACCOUNT NUMBER

MONEY BALANCE

NAME(S) ON ACCOUNT

TYPE OF ACCOUNT

If you have any questions, please contact me at the following number:

PHONE NUMBER DAY / EVENING (CIRCLE ONE)

Thank you for your prompt attention to this matter.

Sincerely,

CUSTOMER NAME

JOINT ACCOUNT HOLDER SIGNATURE

DATE

DATE