

CLOSE ACCOUNT

____/____/____
Effective Date

Financial Institution's Name

Address

City

State

Zip

To whom it may concern:

Please close 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)

Address

City

State

Zip

