CLOSE ACCOUNT

		/	
			Effective Date
Financial Institution's Name			
Address			
City		State	Zip
To whom it may conce	rn:		
Please close account		(account number), and send a check for th
remaining balance to	me at the add		
If you have any ques			ntact 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



