

ACCOUNT CLOSURE FORM

Date _____

Bank Name _____

Address _____

City, State, Zip _____

Please close the following account # _____
and send a check for the remaining balance to the address below.

If you have any questions about this request, please contact me at the
following phone number: _____

Sincerely,

Signature _____

Name _____

(Please Print)

Address _____

City, State, Zip _____