



# Account Closing Request

Bank Name

Address

City, State, ZIP


ATTN: Account Maintenance

RE: Close My Accounts

To Whom It May Concern

This letter is to inform you I am closing my accounts with your bank. Please close the account(s) listed below and send a check for the remaining balance(s) to the address below.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

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Authorized Signature- Primary Account Holder

Date

Print Name/Title

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Authorized Signature – Secondary Account Holder

Date

Print Name/Title

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Mailing Address

City

State

ZIP Code

Member  
FDIC



Equal Housing Lender