



Account Closing Form

To Whom It May Concern:

Please close my account described below and mail me a check for the remaining balance in the account (plus any interest accrued, if applicable) to the address indicated below.

Name(s) on Account

Social Security Number

Account Number

Type of Account

Prepare a cashier's check for the balance of my account payable to:

Name

Address

City

State

Zip

This letter is written authorization to make the requested changes. If you have any questions regarding this request, please contact me at the number listed below.

Thank you for your prompt attention to this matter.

Sincerely,

Signature Primary Account Holder

Date

Signature Secondary Account Holder

Date

Daytime Telephone Number