

ACCOUNT CLOSURE FORM

Bank Name: _____

Bank Address: _____

Please close the accounts listed below effective immediately. Please forward any remaining balance in my accounts by check to my address listed below.

Checking Account: _____

Title: _____ Account Number: _____

Money Market Account: _____

Title: _____ Account Number: _____

Savings Account: _____

Title: _____ Account Number: _____

Other Account: _____

Title: _____ Account Number: _____

Forward closing balance(s) to:

Street Address

City, State, Zip

Telephone Number

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

Signature _____ Date _____

Signature _____ Date _____