



## Account Closing Request Form

\_\_\_\_\_

Date:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

Primary Account Holder:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

Secondary Account Holder:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

**RE: Account Number** \_\_\_\_\_

Checking       Savings       Other

**Attention: Account Services**

Please accept this letter as my official authorization to close my account with your institution.

Please send a check in the amount of my account balance, if any, to my attention at the address you have on file. If you have any questions regarding this matter please call me at my daytime phone number:

Thank you for your prompt assistance.

Sincerely,

\_\_\_\_\_

Customer Signature