

Account Closing Request

To: _____ (bank, credit union, etc. name)

From: _____ (primary account holder)

_____ (secondary account holder)

Address: _____ (street)

_____ (city)

_____ (state and zip)

Please close the following account(s) with your institution:

Account # _____ Checking ___ Savings ___ Money Market ___ Other ___

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Account # _____ Checking ___ Savings ___ Money Market ___ Other ___

Please send any funds remaining in these accounts to:

___ the address shown above ___ the following address _____ (street)

_____ (city)

_____ (state, zip)

Primary account holder signature _____

Secondary account holder signature _____

Date _____