

Please Close My Account

Please close the following and send a check for the remaining balance to the address below. If you have any questions about this request, please contact me at the number below.

Closed account bank information

Bank name Bank account #

Checking account

Savings account

Customer information

Name Phone number day/ evening (circle one)

Co-signer Name (if applicable)

Address, city, state, zip

Sincerely,

Signature Date

Co-signer Signature (if applicable) Date