

## Account Closing Request

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DATE:

TO:

(Financial Institution)

FROM:

(Name)

(Mailing Address)

(City, State, Zip)

**To Whom It May Concern:**

Please close the following account #

in the name of

and send a check for the remaining balance to the address noted above.

If you have any questions about this request, please contact me at the following number:

Phone:

Day

Evening

Sincerely,

Signature

Name (please print)

Cosigner Signature (if applicable)

Cosigner Name (please print)