

Account Closure Request



To whom it may concern:

Please close my account(s) with your institution and forward the balance and any interest/dividends to the address below. If you have any questions about this request, please do not hesitate to call.

ACCOUNT INFORMATION

Financial Institution Name

Date of Request

Financial Institution Address

City, State Zip

Account Holder Name

Social Security #

Joint Account Holder Name (if applicable)

Social Security # (if applicable)

FORWARDING INFORMATION

Account Holder Mailing Address

City, State Zip

Phone Number (for additional information)

ACCOUNT TYPE	ACCOUNT #	SEND PAYMENT AT ONCE	DEFER PAYMENT UNTIL CLOSE OF INTEREST PAYMENT

Account Holder Signature

Joint Account Holder Signature (if applicable)