



Account Closing Form

DATE

FINANCIAL INSTITUTION

ADDRESS

CITY

STATE

ZIP

RE: _____
ACCOUNT NUMBER

To Whom It May Concern:

Effective _____, please close the account referenced above and send me a check for the remaining balance, if any, to the address below.

If you have any questions, please let me know. Thank you.

Phone: _____ Day/Evening (Check one) Day Evening

Sincerely,

PRINT NAME (PRIMARY SIGNER) TITLE SIGNATURE DATE

PRINT NAME (SECONDARY SIGNER) TITLE SIGNATURE DATE

PRINT NAME (THIRD SIGNER) TITLE SIGNATURE DATE

PRINT NAME (FOURTH SIGNER) TITLE SIGNATURE DATE

COMPANY NAME

ADDRESS CITY STATE ZIP