



Account Closing Request

To: _____ (Financial Institution)

From: _____ (Your Name)

Address: _____ (Your address)

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

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Please send any funds remaining in these accounts to:

The address above

The following address: _____

Primary account holder signature: _____ Date: _____

Secondary account holder signature: _____