

PLEASE CLOSE MY ACCOUNT

DATE

BANK/CREDIT UNION

ADDRESS

CITY

STATE

ZIP

TO WHOM IT MAY CONCERN:

Please close the following account # _____ and send a check for the remaining balance to the address below. (Also close Debit/ATM card, if applicable.)

Account type being closed (circle one)

Savings

Checking

If you have any questions, please don't hesitate to call. Thank you.

Phone _____ DAY / EVENING (circle one)

Sincerely,

SIGNATURE

DATE

NAME (PLEASE PRINT)

ADDRESS

CITY

STATE

ZIP

(BE SURE TO KEEP A COPY OF THIS DOCUMENTATION FOR YOUR FILES)