

# Account Closure Form

Date \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please close the following account # \_\_\_\_\_ and send a check for the remaining balance to the address below.

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

Phone \_\_\_\_\_  Day  Evening

Sincerely,

Signature \_\_\_\_\_ Co-Signer Signature \_\_\_\_\_

Name \_\_\_\_\_ (Please Print) Co-Signer Name \_\_\_\_\_ (Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_