
REQUEST TO CLOSE ACCOUNT



To close our your account at your current bank, please complete this Request To Close Account form and mail it to your current bank.

Last Name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Last 4 of Social Security # _____

PLEASE CLOSE THE FOLLOWING ACCOUNTS:

Name of financial institution: _____

Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Please mail the remaining balance in the above-described account(s) to the address on file.

By signing below, I authorize the closure of the accounts listed above. Should you have questions regarding this request, please contact me at the phone number listed above.

Signature _____ Date _____