

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Effective Date

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**To whom it may concern:**

**Please close my account \_\_\_\_\_ (account number), and send a check for the remaining balance to me at the address listed below.**

**If you have any questions about this request, please contact me at: \_\_\_\_\_**

Thank you.

Sincerely,

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Co-Signor Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip