

REQUEST TO CLOSE ACCOUNT

Credit Union / Bank Name

Address

City, State, Zip

Date

To Whom It May Concern:

I would like to close the following account(s) with your institution:

Checking Account # _____

Savings Account # _____

Other Account # _____

Other Account # _____

Other Account # _____

Please send me a check with the remaining balance, at the address listed below:

Address

City, State, Zip

If you have any questions, please contact me directly at (_____)_____.

Thank you in advance for your assistance with this matter.

Sincerely,

Signature

Name