

REQUEST TO CLOSE ACCOUNT(S)

Attn: Customer Support Personnel

_____ (Name of Financial Institution)

_____ (Mailing Address of Financial Institution)

I request the following account(s) listed below be closed. Please draft a cashiers check reflecting the balance of funds remaining in the below listed account(s) and deliver it to me by mail. By signing below, I acknowledge that I am owner and/or signer on the listed account(s). Should you need to contact me, please refer to the contact information found below.

Thank you.

_____ (Co-owner or Signer (if applicable))

_____ (Signature as it appears on account documents)

_____ (Signature as it appears on account documents if applicable)

_____ Date

Please close accounts:

_____ Account Number

_____ Account Type

_____ Account Number

_____ Account Type

_____ Account Number

_____ Account Type

_____ Account Number

_____ Account Type

You may contact me via:

telephone at _____ . The best time to reach me is _____ .

email at _____

mail at _____
