



## ACCOUNT CLOSING FORM

Date:		
Financial Institution's 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 please contact me at:

Phone Number:
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Thank you,

Signature: \_\_\_\_\_

Name (Print):
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Joint Owner Signature: \_\_\_\_\_

Joint Owner Name (Print):
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Address:		
City:	State:	Zip: