



Account Closing Form

To Whom It May Concern: Please close the following bank account(s).

NAME ON ACCOUNT: _____ ACCOUNT NUMBER: _____

CHECKING

SAVINGS

NAME ON ACCOUNT: _____ ACCOUNT NUMBER: _____

CHECKING

SAVINGS

All remaining balances should be sent to me at the following address:

ADDRESS: _____

CITY: _____ State: _____ Zip: _____

If you have any questions about this request, please contact me at: _____

Thank you.

Sincerely,

Signature

Printed Name