

# ACCOUNT CLOSING FORM

**To Whom It May Concern:**

Please close the following bank account(s):

☐ Checking  
☐ Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Account Number

☐ Checking  
☐ Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Account Number

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

Thank You.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name