

Please close my account.

Be sure sufficient funds are in your old account long enough for outstanding checks and automatic withdrawals to clear. Once these have cleared, complete and return this form to your previous financial institution for immediate processing.

Date: _____

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To Whom It May Concern:

I have recently changed banks and would like to close the account listed below immediately. All transactions in the account(s) have cleared, and all automatic deposits and payments have been stopped.

ACCOUNT CLOSURE REQUEST

Bank Name: _____

Account Number: _____

Primary Name on Account: _____

Secondary Name on Account: _____

Please forward all remaining funds to my attention at:

ACCOUNT BALANCE DISTRIBUTION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please contact me if you have any questions about this request.

Phone: _____

Sincerely,

Signature: _____ Joint Account Holder Signature: _____

Name: _____ Joint Account Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____