

# Close Account

**Please close my account.**

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Date

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Financial Institution Name

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Address

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City/State/ZIP

**To whom it may concern:**

Please close the following account number:

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and send a check for the remaining balance to the address below.

If you have any questions about this request, please contact me. Thank You.

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Name (please print)

Signature

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Co-signer Name (please print)

Co-signer Signature

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Address

City, State, ZIP

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Telephone: Day / Evening (circle one)

Make as many copies as needed.

