

# PLEASE CLOSE MY ACCOUNT

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DATE

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BANK/CREDIT UNION

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ADDRESS

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CITY

STATE

ZIP

## TO WHOM IT MAY CONCERN:

Please close the following account # \_\_\_\_\_ and send a check for the remaining balance to the address below. (Also close Debit/ATM card, if applicable.)

ACCOUNT TYPE BEING CLOSED:     SAVINGS     CHECKING

If you have any questions about this request, please don't hesitate to call. Thank you.

Phone \_\_\_\_\_ DAY / EVENING (circle one)

Sincerely,

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SIGNATURE

DATE

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NAME (PLEASE PRINT)

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ADDRESS

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CITY

STATE

ZIP

(BE SURE TO KEEP A COPY OF THIS DOCUMENTATION FOR YOUR FILES.)