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 regarding this request, please contact me at: _____

Thank you.

Sincerely,

_____

Signature

_____

Printed Name

_____

Date