

Account Closing Letter

Date_____

Name of Old Bank_____

Address of Old Bank_____

City_____ State_____ Zip Code_____

To whom it may concern:

Please close my account _____ and send a check for the
(Account Number)

remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the

DAY / EVENING to (_____) _____.
(Check one) (Phone number)

Thank you.

Sincerely,

Signature_____

Name_____ (Please print)

Address_____

City_____ State_____ Zip Code_____

Co-Signer Signature_____

Co-Signer Name _____ (Please print)