

CLOSE ACCOUNT FORM

*Your previous
bank's information*

Financial Institution Information			
Financial Institution's Name			
Address	City	State	Zip

To Whom it May Concern:

Please close the accounts listed below:	
Checking Account Number	
Savings Account Number	
Please send a check for the remaining balance(s) to :	
	City State Zip

*Sign and deliver to
your previous bank.*

You're done!

Thank you.	
Signature Here.	
Printed Name	Contact Phone Number
Address	City State Zip