



Account Closing Form

To close an account, complete and mail this form to your former financial institution. Additional forms may be required to close your account.

To:

From:

Financial Institution Name

Customer Name(s)

Financial Institution Address

Customer Address

City State Zip

City State Zip

To Whom It May Concern:

Please close my account(s), effective today's date, and send a check for the remaining balance to my address above.

I understand that all checks, automatic withdrawals and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic withdrawals and automatic deposits.

Name(s) on Account

Name(s) on Account

Account Number

Account Number

Type of Account

Type of Account

If you have any questions, please contact me at the following number:

Phone Number

Day / Evening (circle one)

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature

Joint Account Holder Signature

Customer Name (Print)

Joint Account Holder Name (Print)

Date

Date