



Closing my previous account

Date _____

Bank Name _____

Address _____

City _____ State _____ ZIP _____

Please close the following account.

Account number _____

Please send a check for the remaining balance to the address listed below.

You may contact me at the following phone number if you have any questions about this request.

Phone _____ Day Evening

Sincerely,

Signature _____ Co-signer _____

Name _____ (please print) Co-signer _____ (please print)

Address _____

City _____ State _____ ZIP _____