

# Close Account Form

Use this form to close your account at the financial institution you are leaving.

Date \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution City, State, Zip: \_\_\_\_\_

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**Please accept this request as my authorization to close the following accounts.**

Type:  Checking  Savings / Money Market  Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

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Account Number: \_\_\_\_\_

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Type:  Checking  Savings / Money Market  Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

If you have any questions about this request please call me at ( \_\_\_\_\_ ) \_\_\_\_\_

During the day  In the evening (  Choose one )

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature \_\_\_\_\_

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