

Request to Close Account

To:

From:

Re: Request to Close Account(s)

Date:

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared and I have stopped all automatic debits and credits to my account.

Account Type	Account Number	Account Owner Name(s)

Please issue a check for any remaining balance and send it to my attention the following address:

Street Address:

City, State, Zip:

Phone Number:

Your prompt attention to his matter will be greatly appreciated.

Authorized Signature:

Date:

Name (Printed):