



Existing Account Closing Form

To:

From:

Bank's Name

Customer Name

Address

Customer Address

City State Zip

City State Zip

To Whom it May Concern:

Please close my account described below, effective today's date, as indicated and send a check for the remaining balance to the above address.

Names(s) on Account

Names(s) on Account

Account Number

Type of Account

Balance

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

_____ Day / Evening (circle one)
Phone Number

Sincerely,

Signature

Date