

CLOSE MY ACCOUNT

Make copies of this form as needed.

Account Holder: After you have verified that all Direct Deposits and Automatic Payments have been stopped, send this form to your former financial institution.

DATE: _____
NAME OF
FINANCIAL INSTITUTION: _____

Please **CLOSE** my account and send a check for the remaining balance to me at the address listed below. If you have any questions about this request please contact me by phone.

Account Information:

MY ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING ACCOUNT
 SAVINGS ACCOUNT

MY NAME: _____
JOINT NAME ON
ACCOUNT (OPTIONAL): _____

DAY PHONE: _____

EVENING PHONE: _____

HOME ADDRESS: _____

SIGNATURE: _____

JOINT SIGNATURE
(OPTIONAL): _____

~ THANK YOU ~