

# CLOSE DOWN

YOUR OLD ACCOUNTS

Please allow sufficient  
time for all transactions  
to clear.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank's Name

\_\_\_\_\_  
Address

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

To Whom It May Concern:

Please close my account \_\_\_\_\_ (account number),

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 during the **DAY / EVENING** (circle one) at

( \_\_\_\_\_ ) \_\_\_\_\_ (phone number).

Thank you.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

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

**Joint-Owner Information** (if applicable)

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Joint-Owner Name (please print)

Please submit this form to your current financial institution.