Account Closing Request

To Whom It May Concern:				
Please close the following account(s) with your institution:				
Account # Account # Account # Account #	Checking Checking Checking	Savings Savings Savings Savings	Money Market Money Market Money Market Money Market	Other* Other* Other* Other*
*Note: IRAs and investment accounts often require additional documentation. Contact your former bank for details specific to the account.				
These accounts are in the name(s) of:				
Primary Account Holder: Secondary Account Holder: (if applicable)				
Address:				
Please send any funds remaining in these accounts to my attention at: the address shown above the following address:				
Should you have any questions, please contact me at .				
Thank you,				
Primary Account Holder Signature			Ī	Date
Secondary Account Holder Signature (if applicable)			Ī	Date