

Account Closing Request

To: _____
(Financial institution, cr. Union, ect.)

From: _____
(Primary account holder)

(Joint account holder)

Address: (Primary account holder's address)

Please close the following account(s) with your institution:

Account# _____ Savings Money Market Other _____

Account# _____ Savings Money Market Other _____

Account# _____ Savings Money Market Other _____

Account# _____ Savings Money Market Other _____

Please send any remaining funds in these accounts to:

address shown above the following address: _____
(Street)

(City)

(State, Zip)

Primary account holder signature _____

Joint account holder signature _____

