
Account Closure Request Form

To: _____
Bank Name

From: _____
Your Name

Your Address

City

State

Zip

To Whom It May Concern:

Please accept this letter as authorization to close the following account(s) with your financial institution.

Account # _____ Type _____

Account # _____ Type _____

Account # _____ Type _____

Please send any funds remaining to the address above. If you have any questions about this request, please contact me at the following number: _____.

Signature

Date

Printed Name

Signature

Date

Printed Name