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# REQUEST TO CLOSE ACCOUNT

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To close our your account at your current bank, please complete this Request To Close Account form and mail it to your current bank.

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

## PLEASE CLOSE THE FOLLOWING ACCOUNTS:

Name of financial institution: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_  Checking  Savings

***Please mail the remaining balance in the above-described account(s) to the address on file.***

By signing below, I authorize the closure of the accounts listed above. Should you have questions regarding this request, please contact me at the phone number listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_