

REQUEST TO CLOSE ACCOUNT

Complete the following form to close your old account at another financial institution and request a check for the remaining balance and/or additional funds owed.

DATE: _____

TO (Financial Institution Name): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FROM (Name(s) on Account): _____

SOCIAL SECURITY #: _____

PLEASE CLOSE THE FOLLOWING ACCOUNTS WITH YOUR INSTITUTION:

ACCOUNT TYPE	ACCOUNT #	SEND BALANCE NOW	SEND BALANCE ON THE BELOW LISTED DATE

FORWARD FUNDS TO ME AT THE FOLLOWING ADDRESS:

Together with all the interest or dividends that may have become due on the above listed accounts.

ADDRESS: _____

CITY, STATE, ZIP: _____

If for any reason you may need additional information, please call me at _____.

Thank you.

Sincerely,

SIGNATURE _____

JOINT ACCOUNT HOLDER SIGNATURE _____

DATE: _____