

ACCOUNT CLOSURE REQUEST FORM

DATE: _____

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

To whom it may concern:

This letter serves as a request to close my account(s). Please send me a check for any remaining balance to the address below:

ADDRESS: _____

CITY, STATE, ZIP: _____

THE ACCOUNT NUMBER(S) I WOULD LIKE TO CLOSE ARE AS FOLLOWS:

SINCERELY,

SIGNATURE

DATE