

Request to Close Account Letter »

Date / /

Financial Institution Name

Address

City State Zip

**To whom it may concern:
This letter serves as a request to close the following account number(s):**

Account Number	Checking Savings	Name on Account
Account Number	Checking Savings	Name on Account

Please send a check for the remaining balance to:

Name

Address

City State Zip

If you have any questions please contact me at this phone number

Sincerely,

Signature

Print Name Date / /

Joint Signature (if needed)

Print Name Date / /

