

account closing request



Bank Name	
Address	
City, State, ZIP	

ATTN: Account Maintenance
RE: Close My Accounts

To Whom It May Concern:

This letter is to inform you I am closing my accounts with your bank. Please close the account(s) listed below and send a check for the remaining balance(s) to the address below.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature - Primary Account Holder	Date	Print Name/Title	
Authorized Signature - Secondary Account Holder	Date	Print Name/Title	
Mailing Address	City	State	ZIP Code
Phone Number(s)			

Account Information

Account #1	Account Type		
Account #2	Account Type		
Account #3	Account Type		
Company Name	Company Phone		
Mailing Address	City	State	ZIP Code

