

Account Closing Request

TO: _____ FROM: _____
Name of Bank, Credit Union, Etc. Primary Account Holder (Please Print)

Secondary Account Holder (Please Print)

Street Address City State Zip

Please close the following accounts with your institution:

Checking Account Number _____

Savings Account Number _____

Money Market Account Number _____

Other Account Number _____

Please send any funds remaining in these accounts to: The address shown above The following address

Street Address City State Zip

Primary Account Holder Signature

Secondary Account Holder Signature

Date

If you need additional space to list your accounts, please feel free to make copies of this form.

