

Step 4

CLOSE FORMER ACCOUNT

Your former financial institution may require another form.



Date: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the entire remaining balance to me at the address listed below.

If you have questions about this request, please contact me at (_____) _____.

Your prompt attention to this request is appreciated. Thank you.

Sincerely,

Signature: _____ Date: _____

Name (please print): _____

Joint Owner's Signature: _____ Date: _____

Joint Owner's Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____