

Account Closing Form

To Whom It May Concern:

Please close the following bank account(s):

Account 1	
Account Number:	_____
Name(s) on Account:	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other: _____

Account 2	
Account Number:	_____
Name(s) on Account:	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other: _____

All remaining account balances should be mailed to me in a bank check at the following address:	
Name:	_____
Address:	_____
City, State and Zip Code:	_____

Please contact me with any questions. Thank you.	
Name:	_____
Phone/email:	_____

Signature: _____ Date: _____