Request to Close Account

Date: _____

To: _____
Name of Financial Institution

Attn: Customer Service Department

RE: Account #: _____

Please close my account(s) with your financial institution. To my knowledge there are no outstanding checks that need to clear against the balance and all automatic deposits and withdrawals have been stopped.

Please send me the remaining balance in the form of a cashier's check to the address on file.

Please contact me if you have any questions regarding this request.

Thank you,

_____ _____
Authorized Signer Date

_____ _____
Printed Name of Authorized Signer Phone Number