

Request to Close Account



Date: _____

Company Name: _____

Address: _____

To Whom It May Concern:

I hereby request that you close the following account I maintain with you.

The account number: _____

The name on the account: _____

Secondary name on the account: _____

Any funds that need to be disbursed to bring my account to zero should be mailed by check to:

Your Name: _____

Address: _____

Thank you for your prompt attention to this request.

Signature Date

Secondary Signature Date