

REQUEST TO CLOSE ACCOUNT(S)

TO (FORMER FINANCIAL INSTITUTION): _____

FROM (NAME OF ACCOUNT HOLDER(S)): _____

Please accept this letter as written authorization to close the following account(s) at your financial institution. All outstanding transactions have cleared and electronic deposits and withdrawals have been discontinued.

Please issue a check for any remaining balance and send it to my attention at the following address:

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

Please close the following account(s):

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

Thank you.

SIGNATURE DATE