



Account closing letter

Current Account Number _____

Customer Name _____ Date _____

To whom it may concern:

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared and I have stopped all currently scheduled debits and credits to my account.

Account type: Checking Debit Card Savings

Account or Card Number _____

Please forward remaining funds to me at the following address:

Street Address _____

City _____ State _____ Zip _____

If you have questions about this request, please contact me at:

Phone number _____

Thank you.

Sincerely,

Authorized Signature _____ Co-Signer Signature (if applicable) _____

Printed Name _____ Co-Signer Printed Name (if applicable) _____

Title _____ Title _____

Date _____ Date _____