

Account Closing Request

Please close my account.

To whom it may concern,

Please close my account effective _____ (MM/DD/YY)

Account holder name

Joint account holder name

Account number

Type of account

Prepare a cashier's check for the balance of my account payable to:

Account holder name

And mail the check to the following address:

Account holder street address

City, state, zip

If you have any questions about this request, please contact me directly. Thank you for your assistance.

Account holder signature

IMPORTANT

I understand that I need to keep my former account open until all pending transactions have been completed and all automatic deposits and withdrawals have been redirected.

Account holder signature

Date

Joint account holder signature

Please note: your bank may require additional forms and documents to close the account.

Complete this form and submit to your former institution to initiate an account closure. Be sure all checks and payments have posted before closing your account. Not all institutions accept this form. You are advised to contact your institution to verify and follow their process to close your account.