

Close Account Request

Complete this form and return it to your old bank.

DATE _____

BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Authorization:

This form serves as my request to close the following account:

Account Number: _____

Account Type: _____

Name on Account: _____

Please send a cashier's check for the remaining balance to the following address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at _____ (telephone number).

Sincerely,

SIGNATURE _____	CO-SIGNER SIGNATURE _____
NAME (PLEASE PRINT) _____	CO-SIGNER NAME (PLEASE PRINT) _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
TELEPHONE _____	



Banking Unusual!