

Account Closing Request

To: _____
Bank, Credit Union, Etc. Name

From: _____
Primary Account Holder Secondary Account Holder

Address: _____
Street

City

State, ZIP

Please close the following account(s) with your financial institution:

Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>
Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>
Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>
Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please send any remaining funds in these accounts to:

Address above
 Following address _____
Street

City

State, ZIP

Primary account holder signature _____

Secondary account holder signature _____

Date _____