



Account Closing Request

_____ (Date)

Bank Name

Address

City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

- | | Account Number |
|---|----------------|
| <input type="checkbox"/> Checking Account | _____ |
| <input type="checkbox"/> Savings Account | _____ |
| <input type="checkbox"/> Money Market Account | _____ |
| <input type="checkbox"/> Certificate of Deposit | _____ |

- Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.
- Please close my CD upon maturity.

If you have any questions regarding this request please contact me.

Sincerely,

Your Signature

Print Name

Street Address

City, State, Zip

Phone Number

Day Evening