Account Closing Request

To Whom It May Concern:

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

Account #	Checking	Savings	Money Market	Other*
Account #	Checking	Savings	Money Market	Other*
Account #	Checking	Savings	Money Market	Other*
Account #	Checking	Savings	Money Market	Other*

*Note:

IRAs and investment accounts often require additional documentation. Contact your former bank for details specific to the account.

These accounts are in the name(s) of:

Primary Account Holder: Secondary Account Holder: (if applicable)

Address:

Please send any funds remaining in these accounts to my attention at:

_____ the address shown above

_____ the following address:

Should you have any questions, please contact me at

Thank you,

Primary Account Holder Signature

Date

Secondary Account Holder Signature (if applicable)

Date