



We'll Get You There



### Close Account Request Form

\_\_\_\_\_  
Bank/Other Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

To Whom It May Concern:

Please accept this letter as authorization to close account # \_\_\_\_\_ at your financial institution and send a check for the remaining balance to my address below.

If you have any questions please contact me at \_\_\_\_\_.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you,

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_