

Request to Close Account

Please complete this form and send it to your bank or other financial institution.

TO (previous institution): _____

:

Previous Account Number: _____

Account Holder (your name): _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize and instruct the named financial institution to close the account indicated and send a check for the total remaining balance to me at my address listed on this form.

Signature

Date