

# Account Closing Request

Use this form to close out your account(s) at your current financial institution. Make sure all checks have cleared and automatic transfers (deposits and debits) have stopped.

TO:   
Financial Institution

FROM:   
Primary account holder

Secondary account holder

ADDRESS: (address)  
(city) (state) (zip)

**Please close the following account(s):**

Account #  Checking  Savings  Money Market  Other \_\_\_\_\_

Account #  Checking  Savings  Money Market  Other \_\_\_\_\_

Account #  Checking  Savings  Money Market  Other \_\_\_\_\_

Account #  Checking  Savings  Money Market  Other \_\_\_\_\_

**Please send any funds remaining in these accounts to:**

Address shown above

The following address: (address)

(city) (state) (zip)

Primary account holder signature \_\_\_\_\_

Secondary account holder signature \_\_\_\_\_

Date \_\_\_\_\_