



EXISTING ACCOUNT CLOSING FORM

To: Whom It May Concern

Please close my account listed below and forward a check to me for the total balance (plus any interest accrued, if applicable) to the address listed below.

Please close the following account(s):

Account Number

Type of Account

Account Number

Type of Account

Social Security Number

If you require any additional information you can reach me at () _____ - _____

Please mail an Official Bank Check made payable to:

Name

Address

City/State/Zip

Thank you for your prompt attention to this matter. Sincerely:

Client Signature

Date

Joint Account Holder Signature

Date