



CLOSE Account

Institution Information

_____ Date

_____ Financial Institution's Name

_____ Address

_____ City State Zip

Message to Institution

To Whom it May Concern:

Effective _____, please close the following account(s):

Checking Account: _____

Checking Account: _____

Savings Account: _____

Savings Account: _____

Please close my certificate of deposit account(s)

_____ / _____ (account numbers) upon maturity.

If you have any questions about this request, please contact me during the

day evening at _____ (phone number)

Thank you,

Customer Information

_____ Signature _____ Date

_____ Name (please print)

_____ Address

_____ City State Zip

_____ Cosigner Signature _____ Cosigner Name (please print)

