

ACCOUNT CLOSING LETTER

Attention: (Enter your old financial institution's information here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

To Whom It May Concern,

Please accept this letter as authorization and close my account(s) listed below with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner Name(s)

Please send all closing balances to: (Enter your personal information here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

PRIMARY ACCOUNT OWNER SIGNATURE	DATE
SECONDARY ACCOUNT OWNER SIGNATURE	DATE

