

ACCOUNT CLOSING LETTER

Date: _____

Customer Name: _____

Dear Banker:

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared the account(s), and I have stopped all currently scheduled deposits and withdrawals to my account(s).

Account Type (Checking, Savings, Debit Card, etc.)	Account or Card Number

Please issue a check for the remaining balances and forward to me at the following address:

Street Address

City State Zip Code

If you have any questions regarding this request, please contact me at:

Phone Number

Thank you for your prompt attention to this request.

Sincerely,

Authorized Signature Co-Signer Signature (If Applicable)

Printed Name/Title Co-Signer Printed Name/Title (If Applicable)

Date Date