

STEP 4

Please Close My Account

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Effective immediately, please close the following account:

Account Number: _____

Primary Account Owner Name: _____

Secondary Account Owner Name (if applicable): _____

Please process and forward any remaining funds in my account by check to the following address:

Name

Mailing Address

City

State

Zip

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following phone numbers:

Business Phone

Home Phone

Thank you for your assistance in completing this request.

Primary Account Owner Signature

Date

Secondary Account Owner Signature (if applicable)

Date