

ACCOUNT CLOSING LETTER

Current Account Number: _____

Customer Name: _____ Date: _____

To Whom It May Concern:

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

Account Type

Account or Card Number

Please forward remaining funds to me at the following address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

If you have questions about this request, please
contact me at (Phone number):

Thank you.

Sincerely,

Authorized Signature

Co-Signer Signature (if applicable)
