

# Account Closing Request

Please accept this document as a formal request to close my deposit accounts at your financial institution.

## Financial Institution:

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Financial Institution Name

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Financial Institution Address

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City

State

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Zip Code

## Accounts to Close

Account Number:	Account Type		
	Checking	Savings	Money Market
	Checking	Savings	Money Market
	Checking	Savings	Money Market
	Checking	Savings	Money Market

Accounts to be closed effective: \_\_\_\_\_

If you have any questions, please contact me at \_\_\_\_\_.  
(Phone Number)

## Please mail the remaining balances to:

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Address

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City

State

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Zip Code

Thank you for your assistance.

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Account Owner (Signature)

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Account Joint Owner (Signature)

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Account Owner (Print Name)

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Account Joint Owner (Print Name)