



Account Closure Notice

Financial Institution Name

Date

Street Address

City, State, Zip

Re: _____

Print Name

Account Number

Address

Phone Number

City, State, Zip

Social Security Number

I hereby request that my

Checking

Savings

Money Market

Share Certificate/Certificate of Deposit

Bill Payment

Other _____

be closed, effective immediately. Please forward a cashier's check representing the closing balance to me at the address listed above.

If this form is not sufficient to authorize the closure of my account, please forward the appropriate authorized form to the address listed above for my signature.

Thank you for your cooperation in this matter.

Signature

Joint Account Holder Signature (if required)

Date

Date

Note: Confirm all identified pending transactions have cleared. Complete and send a copy of this for each account being closed. Copy each original for your personal file.