

PLEASE CLOSE MY ACCOUNT

Upon receipt, please close the following account, and send a check for the remaining balance and confirmation of account closure to the address below. If you have any questions about this request, please contact me at the number below.



CLOSED ACCOUNT INFORMATION

Checking Account

Savings Account

Financial Institution Name

Account #



MEMBER INFORMATION

Name

Phone Number

Day
Evening

Co-signer Name (if applicable)

Address, City, State, Zip

Phone Number

Sincerely,



Member Signature

Date

Co-signer Signature (if applicable)

Date