

Account Closing Form



Use this form to request that the account(s) you currently have with your former financial institution be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until all outstanding payments and transactions have cleared.

Date _____

Financial Institution Name _____

Address _____ City _____ State _____ Zip _____

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below for any remaining funds and interest earned in the account(s).

Please close the following accounts:

Account # _____ Account Owner's Name(s) _____
(Check one) Savings Checking Money Market Other _____

Account # _____ Account Owner's Name(s) _____
 Savings Checking Money Market Other _____

Account # _____ Account Owner's Name(s) _____
 Savings Checking Money Market Other _____

If you have any questions about this request, please contact me at this number during normal business hours: _____

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Sincerely,

Account Owner's Signature _____ Date _____

Account Owner's Name _____

Address _____

City/State/Zip _____

Joint Account Signature (if applicable) _____ Date _____

Joint Account Owner's Name (if applicable) _____