

# Close Account

Date:

Bank's Name:

Address:

City:  State:  Zip:

To Whom It May Concern:

Please close account  (account number) and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the  at telephone number   .

Thank you.

Sincerely,

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*Signature*

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*Co-signer Signature*

Name:

Co-signer Name:

Address:

City:  State:  Zip: