

Account Closing

Date: _____

To: _____ (Bank)
_____ (Street Address)
_____ (City, State, Zip)

To whom it may concern,

Please accept this letter as authorization and direction to close my account with your institution.

Account Number: _____
 Checking Savings CD IRA Money Market

Please send a check in the amount of my account balance, plus any accrued interest, to my attention at the address on file. If you have any questions about this transaction, please contact me at _____.

Thank you.

Sincerely,

Primary Account Holder

_____ (Name)
_____ (Street Address)
_____ (City, State, Zip)
_____ (Email)

Secondary Account Holder

_____ (Name)
_____ (Street Address)
_____ (City, State, Zip)
_____ (Email)

Primary Account Holder Signature