

CLOSE ACCOUNT(S)

To Whom It May Concern:

Please close the following account(s) and any associated products/services to these account(s). Send a check for the remaining balance to the address listed below.

Account Number:	Acc	ount Number:
Account Number:	Acc	ount Number:
If you have any questions regarding this request, please do not hesitate to call.		
Phone Number:	_ Day	□Evening
Sincerely,		
Signature		Co-Signature
Name - Please Print		Co-Signer Name – Please Print
E-mail Address		
Mailing Address		
City, State, Zip		

Federally Insured by

