

# REQUEST TO CLOSE BANK ACCOUNT

**Send my remaining balance to me.**

**To:** \_\_\_\_\_  
(Bank's Name)

Please close my Account # \_\_\_\_\_

and send a check for the remaining balance to me  
at the address below.

If you have any questions about this request,  
please contact me at:

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**Phone #**

Sincerely,

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Name

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Address

---

City, State, Zip

---

Signature

Date

---

Co-Signer Name (if applicable)

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Co-Signer Signature

Date

**Mail this form to your old financial institution.**