

Directions to Close My Account

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account:

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

If you have any questions about this request, please contact me during the DAY EVENING (check one) at:

_____ (phone number).

Thank you.
Sincerely

Signature

Name (please print)

Address

City, State, Zip