



REQUEST TO CLOSE ACCOUNT

Name of Financial Institution: _____

Address: _____

City/State/Zip: _____

Customer Name (Print): _____

Address: _____

City/State/Zip: _____

Type of Account: _____

Account Number: _____

Authorization:

Please close the above indicated account and forward a Cashier's Check payable to me for the balance of the account, including any interest earned, through the closing date. Please send the check to me, along with a closing statement, at the above address.

Customer Signature

Date