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## Account Closure Form

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please close my account with you, and send a check for the remaining balance to me at the address listed below.

Account #: \_\_\_\_\_

Checking  Savings  Other \_\_\_\_\_

Account #: \_\_\_\_\_

Checking  Savings  Other \_\_\_\_\_

Account #: \_\_\_\_\_

Checking  Savings  Other \_\_\_\_\_

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

Daytime Phone

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Co-Signer Signature [If required](#)

\_\_\_\_\_  
Print Co-Signer Name

Please submit this completed form to your previous financial institution.