

STEP 5

Existing Account Closing Form

Date: _____

Financial Institution Name:

Financial Institution Address:

To Whom It May Concern:

This letter serves as a request to close account number _____. Please send a check for the remaining balance to the address below. If you have any questions, please contact me at _____.

Thank you,

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name: _____

Address: _____
