



Account Closing Request

Please contact your old bank for account closing details and confirm that all payments have been switched successfully.

Date:	
Former Bank Information	Customer Information
Bank Name:	Name:
Address:	Address:
	City State Zip:
City State Zip:	Phone:

Please accept this letter as my request and authorization to close the following account(s).

Name:
Checking Account Number:
Savings Account Number:
Other Account Number:

Please send the final account balance plus accrued interest to my address on record.

Please call me at _____ if you have any questions about this request and send me a written confirmation of when the change will be effective.

Thank you very much.

Sincerely,

Customer Signature _____ Date _____