



# Account Closure Request

Date: \_\_\_\_\_

To: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address City State Zip

From: \_\_\_\_\_  
Account Holder Name Phone Number

\_\_\_\_\_  
Additional Account Holder Name(s)

\_\_\_\_\_  
Street Address City State Zip

## RE: Notification to Close Financial Institution Account

I hereby authorize the closure of my account:

Name on the account: \_\_\_\_\_

Closing Account Number: \_\_\_\_\_

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to send the remaining funds in my account in the form of a cashier's check made payable to me to the following address.

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Primary Signature Date

\_\_\_\_\_  
Joint Signature Date

\_\_\_\_\_  
Joint Signature Date

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