



Complete this form and return it to your old bank or financial institution to close your accounts.

## CLOSE ACCOUNT

Complete this form and send to your previous financial institution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company that makes Automatic Withdrawal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

*To Whom It May Concern:*

Effective \_\_\_\_\_ (date) please close the following accounts and send a check for the remaining balance(s) to me at the address listed below:

Checking Account # \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Please close my certificate of deposit account(s) listed below upon maturity and send a check to me at the address listed below.

CD# \_\_\_\_\_

CD# \_\_\_\_\_

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at \_\_\_\_\_ (phone number).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip