

# CLOSE ACCOUNT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**To whom it may concern:**

Please close my account \_\_\_\_\_ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me at:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Best Time to Call

**Thank you.**

**Sincerely,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Signer Signature

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

\_\_\_\_\_  
Co-Signer Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



Member FDIC  
Member DIF



The Savings Bank

Since 1869